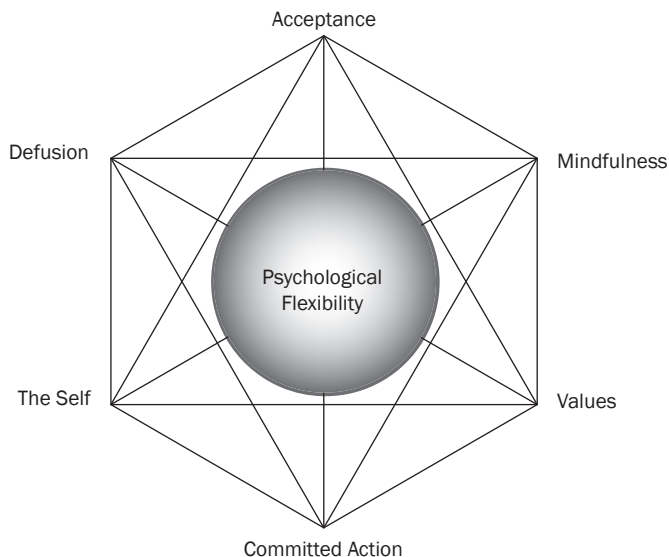


## CHAPTER 1

# How to Think Like an ACT Therapist

Let's begin with a brief review of the core principles of acceptance and commitment therapy (ACT). If you've studied the basic ACT literature, you're already familiar with the hexaflex model (see Figure 1.1), but for the sake of completeness we take a look at it here.

The basic principles of ACT are often presented in the form of a hexagon comprising six conceptual *pillars*, known as the hexaflex. To summarize the six



**FIGURE 1.1.** The hexaflex model. Copyright © Steven C. Hayes. Adapted by permission.

pillars briefly, starting at the top in Figure 1.1: *acceptance* means actively inviting unpleasant thoughts, feelings, and circumstances; *defusion* is to detach from your thoughts to lessen their impact; *mindfulness* means getting in touch with the “here and now”; *the self* as context means developing a different, more flexible relationship with yourself; *values* are the intention to discover what you really find important in life; and *committed action* means to start living your values.

## The Basic Processes of ACT

I always wondered why the term *creative hopelessness* is absent from the hexaflex. Most of us can't escape difficult thoughts, feelings, and emotions, and any strategy based on this goal is likely doomed to fail. Abandonment of this desire to escape is a crucial portal to the “acceptance” theme within ACT.

Before you can accept difficult thoughts, feelings, and circumstances, it is useful to examine whether and how you fight and avoid them. We often want to be free from fear, pain, and worry. Using control and avoidance, we then try to control these thoughts, feelings, and circumstances. The result is often that we become entangled in an endless battle against everything we would rather not experience.

The techniques within the creative hopelessness theme confront the client with this struggle, and above all with its uselessness. No matter how hard you try to run away, your fear will always follow you. No matter how hard you try to think differently, your old, troublesome thoughts will never go away. And no matter how hard you try to force yourself to be perfect, sooner or later you will encounter your own imperfections again.

People within an ACT program often discover that they probably will not get rid of their complaints, even with ACT. This realization often leaves them with a (rightly) hopeless feeling. Because if your ultimate goal is to conquer your fear once and for all, but you learn that that's probably not going to happen, what should you do?! The funny thing is that the professional that works with the client often finds this process of acceptance more difficult than the client themselves. As care providers, we naturally want nothing more than for clients to feel better quickly. Due to the direct, conscious confrontation with this hard truth (pain is part of life), the client often initially resists, is disappointed, or at least looks at you with suspicion. However, this is actually a sign that something special is happening at that moment.

The creative aspect of “creative hopelessness” is that if clients see that the struggle they are waging is a futile one, they will be open to alternative strategies for dealing with difficult thoughts, feelings, and circumstances. Giving up the fight therefore opens new doors at the same time. Clients are often initially disappointed, but this is soon followed by a feeling of relief because they can now definitively stop the battle they are waging. The greatest gift that ACT has given me personally is that I no longer have to run from my fear or fight my thoughts.

From the moment I felt my thoughts and fears were no longer dictating my life, the path was clear to do what I actually wanted to do with my life.

## Acceptance and Willingness

If you dare to give up that fight, then you are in fact already allowing everything that you would rather not experience. The extra step you can take is to make a conscious move toward painful, but also strange, experiences. (I will come back to this in a moment.)

The word *acceptance* colloquially has a rather passive connotation, as if you just have to let everything happen to you. It is for that reason that I think *willingness* is a much nicer term. It is the active step toward everything you would rather not think, feel, and experience that makes this technique so powerful. Within ACT we allow people to consciously make contact with fear, pain, and sadness: everything that is present in the client's direct experience at that moment. This is actually an active process, in which you not only stop avoiding and controlling but also make a conscious movement toward the pain.

In concrete terms, this means that we ask people to practice feeling fear, allowing physical pain or feelings of sadness or loss. In addition, willingness is also a skill that we can train with less intense, everyday strange things. For example, in our courses, we let people shower with yogurt and we come up with crazy things together, such as eating with their hands, wearing two different socks, or dancing in the rain with an unopened umbrella.

People who are willing to do these kinds of crazy things often experience that they can also accept the real, difficult things, such as their fears and insecurities, much more easily. This is because fear and uncertainty are nothing more than strange and uncomfortable feelings. In fact, fear and cold showers fall into the same category of, scientifically speaking, aversive stimuli. If we train the skill of allowing whatever is not welcome, this eventually becomes a joyful game where we can let go of just about anything that is weird and annoying.

You can see here that playfulness and lightness are important goals within ACT. If you learn that not everything has to go according to the rules, and that you are able to act out of the box, you will start to feel increasingly free.

An important, final nuance here is that I am referring to things that are strange or annoying and that you *cannot change*. Of course, you can solve many things—for example, abuse by a partner would be something that you should not accept, that you can indeed change by leaving. But when it comes to difficult thoughts, feelings, and circumstances that are simply part of the path you walk, it is important to deal with them in an open, welcoming way. For example, choosing a healthy life means that you make many choices with unpleasant side effects, such as, in my case, drinking nasty ginger shots every day. Major challenges at work are often accompanied by fear and uncertainty. The question is whether you are prepared to actively accept those complaints in that case.

## Defusion

Where we willingly want to give pain an active right to exist, with defusion we want to consciously distance ourselves, and even de-identify ourselves from our thinking (suffering). The term *defusion* comes from the word *defuse* (dismantle). To put it simply, you take the fuse out of a thought or a word by doing strange but effective exercises. Difficult thoughts then quickly become “just words,” that we can simply watch, like clouds in the sky that go by.

We do not do this with positive or alternative rational thoughts, or with affirmations or reassuring words. We do this by poking fun at our mind. The shortest explanation is that within defusion we want to take language that makes us suffer unnecessarily out of context. For example, someone (like me) may be afraid of getting *cancer*. This fear gives the word a very serious connotation. Whether we actually have cancer or not, the word alone can do a lot to us.

The techniques we use in defusion are daring and controversial. But the scientific data (and more importantly, our own experiences and those of our clients) tell us that they work. By completely ridiculing the word *cancer* with funny voices, accents, and lame jokes, we can make the word return to what it actually is: a word. Not something that makes us anxious, not something that can hurt us—just a word. By doing these types of exercises, the power of these types of words will disappear like snow in the sun.

We also train people to dis-identify from thinking, specifically by giving our mind a pet name. In my opinion, the fantastic creative mountain of techniques that we have now collected within this theme makes defusion the unique showpiece of ACT.

## Mindfulness

ACT is in fact a kind of melting pot of evidence-based techniques, which we often find separately in other forms of therapy. It is the combination of all these techniques that ultimately creates the cumulative effect that I have come to call *psychological flexibility*. Within ACT it is therefore important that we see mindfulness as a small (but nice) part of this whole. With mindfulness practice I try to strengthen the focus on the here and now, often simply by slowing down, by consciously looking at what I see, or by performing an action (such as eating an apple) with full attention.

Mindfulness has everything to do with consciously feeling what is there at the moment. This seems simple, but in practice you often see that many applications of mindfulness are still strongly driven by the language of our head, and not by direct observations in the here and now. For example, within classical mindfulness you are often asked whether you can feel a certain emotion (sadness, anger) in your body. This seems like a real, direct experience, but make no mistake: Emotions are extremely verbal. The big question is, What would sadness be if you could no longer use the word *sadness*? What is anger for an animal that cannot

think it is angry? Even within mindfulness, you can end up working far too much with the head, by not only taking all kinds of words seriously but also actively connecting them to the experience of that moment.

Of course, you can observe the thought that says you are angry or sad. The step that often follows (Where do you feel it in your body?), however, means that you make the word far too important, and that you thereby ignore the often simple conclusion: I breathe, I experience that I am in a body. I sit, I hear, see, smell, and feel my surroundings. That's it. "Keep it simple" is therefore the most important mindfulness-related tip that I can give you.

Compare yourself with an animal and with how that animal experiences the world. See if you can see, hear, smell, feel, and taste specifically in the here and now—based as much as possible on what you directly observe, including in your body. If you feel pain, literally touch that pain—for example, by placing your hand on that specific spot on your body. Strengthen the focus on what you are doing and experiencing at that moment and watch the judgments of your mind come and go.

In practice, mindfulness has taught me that consciously focusing on simple, everyday actions (cooking, walking, showering) can make me happy in a particularly simple way. In addition, this technique has helped me quit smoking: I started smoking cigarettes consciously and attentively. I followed the smoke toward my lungs and took a deep breath, as if I were breathing in pure oxygen. Through this direct observation I discovered that I actually didn't like smoking at all. Mindfulness makes you aware, and at the same time reduces your reality to something simple: being. So if you want to understand mindfulness, stop trying to understand it and take some time today to pet a dog, a tree, or your partner.

## The Self

Within this pillar, the relationship you have with yourself is central. How do you deal with yourself in daily life? If you compare your relationship with yourself to your relationship with your best friend, is there a difference? We are often a lot nicer to others than we are to ourselves. Various ACT exercises let you and your clients experience what can be better and more fun in relation to yourself. But we explicitly do not do this with the help of positive affirmations or other forms of cognitive reprogramming. We do this through acts of self-compassion, where you look specifically at what you can do for yourself today, tomorrow, and the day after. These are often obvious and seemingly simple acts (taking a bath, buying something nice for yourself, or asking for help) that we just don't do. This is because practicing self-compassion can feel awkward, and even unpleasant, for many people. That is why I often use willingness with this theme, asking whether you could try to do those things for yourself, even if you initially feel some reluctance.

In addition to self-compassion, I also have a deeper goal: I want to free you from your self-image. Buddhists call this effort letting go of the ego (you will notice that ACT has many similarities with Eastern spiritual movements). In short, it means that I hope you will take your identity, as you verbalize it to yourself, a little

less seriously. I am not aiming to replace a negative self-image with a more positive version, because I know that positive beliefs can also cause many problems in your life. I actually want you to let go of your self-image as a whole.

When I became a trainer in ACT, I automatically had the thought “I am a trainer now.” I put this on my profile on LinkedIn, and immediately felt pressure because being a trainer may sound positive, but it also implies that you know the answers to all the questions people ask you. I discussed this with a professor, who agreed that he, too, was bothered by his title. It is important not to take positive (or negative) beliefs about yourself too seriously—for example, if you really believe you are a good mother, then you might feel guilty if you burn dinner or if you are late to day care. The bottom line is that if we take thoughts about ourselves seriously, they put us in a straitjacket, leaving us with much less freedom of movement.

If you dare to let go of your self-image, you can in fact be anything. You are then not tied to a definition of yourself. Labels often provide an unnecessary verbal cage in which we can barely be ourselves. This also works for the DSM-5 (or more accurately, DSM-5-TR) labels people carry around.<sup>1</sup> For example, if you take the autism label less seriously, it may become easier to recognize that you may sometimes actually need social contact, instead of blindly following the label that says you are not able to connect with people, so why bother trying?

Having a strong positive self-image does not make us happier, and it is psychologically much healthier to concentrate on concrete acts of self-compassion. In addition, we know people are happiest when they are not busy with their own “self” but are focused instead on doing something they consider meaningful. For example, take a step back and think of the moments in your life when you were really happy. Were these moments when you realized how amazing, attractive, or fun you were? Or were they moments when you were absorbed in what you were doing at that moment, such as watching a sunset with your partner on the beach, running a marathon, or celebrating at a party? What makes you feel like you really exist? It wouldn’t surprise me if having a positive self-image has nothing to do with this.

## Values

We now arrive at *values*. Within the values pillar, it is important that we investigate in an open manner what we really find meaningful in our life. And here, too, we want to make the direct link with concrete actions and not get lost in words alone. For example, honesty may feel like a value to many people, but what exactly is honesty? Often there is a rule lurking (“I have to be honest”). What do you actually do when you say honesty is important to you? Do you see the problem of language here?

Within ACT, I therefore prefer to define *values* as behavioral domains—areas

<sup>1</sup>This is, as you probably know, the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text revision; American Psychiatric Association, 2022), the big book in the mental health field that describes all of the psychological disorders.

that are important to you and within which you can make conscious behavioral decisions. Examples of these types of domains are parenting, friendship, work, hobbies, your relationship, self-care, and so on. By thinking in an open, free manner about what you really find important in your life and what movements you would like to make within those value areas, you will start to feel as if life fits the voice of your heart again.

We let people dream out loud in this phase, with no restrictions. What if everything is possible? What if you won the lottery, or didn't have chronic pain? What would you do differently? Someone then says they want to go parasailing in the Sierra Nevada, while they are paralyzed and in a nursing home. It's important that this doesn't matter to us. Whatever is wrong with you and however big and unattainable your dream or goal is, touching that dream together is a goal in itself for us. Values are about recognizing what secret dreams and wishes lie deep in your heart. We want to reinforce that, share it with you, regardless of what you can or cannot do next. By doing that, you plant a seed that can eventually grow into something incredibly beautiful.

## Committed Action

Where values are about acknowledgment of dreams, *committed action* is about willingness and actual implementation. Because once it is really clear what someone actually wants to do with their life, the question arises: Why don't they take action?

My experience is that deep down most people know perfectly well what they would like to do (differently) with their lives. So the more interesting question is why so many of us don't get off the couch. The answer to this lies with willingness, which completes the circle of this model. Following our values, goals, and dreams usually has a price. Writing this book was a dream, but in practice it took a lot of time and, above all, a lot of uncertainty. There are always challenges along the road to a goal.

The most important key within this theme is that people must travel with purpose, try to enjoy the journey, and at the same time accept all the bumps and pitfalls on the way to the goal. An important motivational technique here is to take death as the benchmark, not life. Would you regret anything at the end of your life if everything remained as it is now? This way you can teach your client (and hopefully yourself too) to look further than the comforting feelings control and avoidance can give you. In the short term, it is tempting to stay where you are. But everything you avoid will eventually be swallowed up by impermanence. And so the question is not "How do you want to live?" but rather "How do you want to have lived?"

## Psychological Flexibility

The heart of ACT is where all these elements come together. You can see how we often touch defusion with a single comment, and then move back toward values or acceptance. It's a combination of:

- becoming aware of the useless battle you wage against thoughts, feelings, and circumstances,
- which makes you open to actively allow these things to happen,
- with an appropriate distance from your mind,
- in touch with the here and now,
- in a gentle relationship with yourself,
- while examining your values,
- and doing what you actually want to do with your life.

In summary, this is the content of the hexaflex:

- *Creative helplessness*: the question of whether avoiding and controlling difficult thoughts, feelings, and circumstances actually makes sense. The realization that this often does not work, or is even counterproductive, paves the way for the pillars of this model.
- *Acceptance (and willingness)*: actively allowing difficult things into your life.
- *Defusion*: dismantling the explosiveness of thoughts, not by changing their content but by taking them out of context. In addition, distancing yourself from the mind as a whole—for example, by giving your mind a pet name.
- *Mindfulness*: strengthening the focus on the here and now, while trying to keep it as simple as possible.
- *The self*: distancing yourself from strict and negative beliefs about yourself, learning to look at yourself from a different perspective, and acting compassionately.
- *Values*: areas that are important to you personally and within which you can act differently. Values are about recognizing your deepest dreams.
- *Committed action*: living your values, goals, and dreams, while being willing to accept difficult thoughts, feelings, setbacks, and other obstacles along the way.

Together, these processes provide greater psychological flexibility. ACT teaches you to gently deal with everything you think, feel, and experience as you move toward achieving your goals and dreams.

## Do What Works

While it is vitally important to approach therapy or training with clear objectives, we must avoid imposing these frameworks on our clients. For example, the hypothesis that difficult thoughts cannot be fought away is not necessarily true in all cases. This is why we examine the client's process. If positive thinking works for a



specific client (both in the short term and long term), then who are we to tell them that they can't control their thoughts? The most effective approach is a personalized approach. Everyone has their own way of dealing with difficulties and people develop individualized strategies to connect with their own values and goals. It is up to us to test whether these strategies work and how we can make them more effective.

Usually the hypothesis that control and avoidance does not help (and may actually cause harm) will be confirmed in conversation. But above all, keep asking open questions with each new client. For instance, try not to say, "We know from research that once a thought emerges, it does not go away." This kind of closed remark imposes our own truth on the client. You may be tempted out of an abundance of enthusiasm to impose ACT's vision on your clients. In order to allow clients to explore and experience ACT, we must resist this impulse and demonstrate patience.

### **EXERCISE: Closed Remarks and Open Questions**

Both closed remarks and open questions have a place in the ebb and flow of therapy, but the balance is very important. Do not allow discussion to become bogged down with closed remarks. When you end an intervention with an open question, you put the ball in the client's court. The following exercise is an opportunity to practice the art of framing topics as open questions.

*Closed remark:* We know from research that you can't control your thoughts.

*Alternative open question:* How do you deal with difficult thoughts? Does that work?

*Closed remark:* Trying to control your thoughts usually has a short-term positive effect, but these thoughts often return later on.

*Alternative open question:* What happens when you try to control your thoughts? How does that work in the short term? What about in the long term?

*Closed remark:* I see that relaxation is an important value for you. Do you ever go to a sauna?

*Alternative open question:* Is relaxation important to you? What do you do to relax?

Now think of your own open questions.

We can often ask so much of ourselves while granting ourselves so little.

Question: \_\_\_\_\_

If you are willing to let go of your fear instead of controlling it, then you give the fear space.

Question: \_\_\_\_\_

If you start sending out two job applications per day, we can work on your resume in the meantime.

Question: \_\_\_\_\_

I read that you're paying off debts. I know that financial problems can be stressful.

Question: \_\_\_\_\_

I'm going to ask you to keep a rule book.

Question: \_\_\_\_\_

It's not good that you're addicted to drugs. We're going to do something about that.

Question: \_\_\_\_\_

Now that you are applying defusion, you probably see your thoughts more as thoughts rather than truths.

Question: \_\_\_\_\_

If you practice self-compassion, you can improve your relationship with yourself.

Question: \_\_\_\_\_

Mindfulness brings you into the "here and now."

Question: \_\_\_\_\_

Two young kids and a job seems pretty tough.

Question: \_\_\_\_\_

Your mind will likely resist when we begin to discuss values.

Question: \_\_\_\_\_

I assume that you are here because you want more out of your life.

Question: \_\_\_\_\_

Closed remarks often contain assumptions, which can be dangerous. That remark about the sauna might not fit the client because it proposes a solution that is particular to your own values (why else would you come up with that idea?).

Especially when it comes to committed action (like the remark about applying for a job), professionals tend to push solutions on to their clients. At first, this saves time. Clients do not have to come up with their own answers if you have already done that for them. The downside is that this motivates the client extrinsically (from outside), instead of intrinsically (from inside). Research shows that people make lasting changes only if they themselves want to change. Open questions allow people to actively think about what they want from their lives. Motivating people from the outside usually works only in the short term. In the long run, it only makes people more passive and dependent.

## **ACT and Science: Analysis at the Process Level**

There are currently more than 1,200 randomized controlled trials (RCTs) on ACT and a great deal of literature that proves its efficacy.<sup>2</sup> However, it is also worth noting that ACT remains open to incorporation of effective techniques from other therapies. Recognition of this fact is important for an understanding of ACT's relationship with, for example, cognitive-behavioral therapy (CBT). Our most significant inquiry is what processes underlie a therapy and whether they work. For example, we know from CBT that exposure to anxiety is a key ingredient. We also know, however, that trying to change our thoughts does not help, and can even cause harm. That is why we do use exposure in ACT, as done in CBT, but we don't try to change thoughts.

ACT also takes lessons from therapies that rely on self-compassion. Our community has embraced this theme in recent years. However, a critical review in 2004 by Pyszczynski and colleagues of these therapies reveals that the pronouncement of positive affirmations ("I am smart/beautiful/a good person") does not work, and may even cause harm. At the same time, nurturing a friendlier relationship with yourself with your behavior (by giving yourself bath time, a gift, social support, or a day off) does work. This is why self-compassion has become an important subject within ACT as a form of behavioral therapy, while positive affirmations have not.

This does not, however, mean that ACT just randomly incorporates all useful ingredients from other therapies into the program. The incorporated processes need to facilitate the practical implications of relational frame theory (RFT; see Chapter 3), and must be connected to other processes. For example, exposure fits within the acceptance and committed action pillars, and self-compassion fits within the self theme. Furthermore, the principal goal of ACT is always to increase psychological flexibility. This is why we are not specifically trying to mitigate the client's complaints, although this may occur as a pleasant side effect of the program.

<sup>2</sup>See <https://contextualscience.org/ACT>.

One must not lose sight of the behavioral components of the process and whether these components are effective. This applies just as much to ACT as to any other form of therapy. Combined with sufficient knowledge of RFT, you can assess for yourself whether an exercise would fit into the ACT model. For now, what matters is that you examine the processes within the therapy rather than the therapy itself. Take a critical look at what others are doing, and what you yourself do as a professional. Maybe you can start introducing alternative processes in your work and leave less-effective processes behind.

## Vision and Focus

The vision of ACT is a focus on the improvement of people's psychological flexibility. If you are able to flexibly deal with your thoughts, feelings, and experiences, then an ACT therapist would say you are precisely where you need to be. Whether your complaints persist is then irrelevant. The key question of ACT is whether psychological complaints have a sufficient right to exist, or breathing space as you will. This crucial difference in vision separates ACT from other forms of therapy, which are aimed at treating and reducing complaints. An ACT therapist sees complaints not as the causes but as the results of the pain of life and struggling with that pain (suffering).

This is why acceptance of pain and cessation of inner turmoil is so crucial to ACT. It is very tempting to focus on complaint reduction. This might make you feel a little better, particularly if you secretly think that ACT is the answer to all of life's problems and will allow you to float through life without annoyance or grief. Unfortunately, this is not the case. This wishful mindset violates the time-honored baseline assumption of ACT: Pain is part of life. We expect that painful thoughts, feelings, and circumstances always lie ahead. At best, we can escape pain only temporarily.

Do you feel that as you read it? If you want to become truly fluent in ACT, you must allow its unconditional relationship with its themes to sink in. Embracing pain is our most important basic assumption. With that, you permit yourself to realize that life can be messy. Even the simple realization that the pain will never completely disappear can, ironically, give people the breathing space they were initially looking for in the fairy tale of complaint reduction.

Right now while writing, my hands ache while typing. My father died almost 2 months ago. It is gray and cold outside. The fridge I just bought is broken. Last week, an old lady hit my parked car. My aunt is seriously ill. And my tax bill almost made me cry. That is my pain status at the moment. You can see how different degrees of pain are intertwined. We are programmed not to complain about small things (car) if there are larger, more essential things (father, aunt) to complain about. It is preferable not to let this programming take over. This means that everything you feel and experience (large and small) can coexist. So let's put everything you're currently experiencing in a totally unordered pile.

Answer the following question:

Are there painful things in your life right now? If so, what are they?

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This is not a moping exercise. The point is to see and acknowledge that painful things are always present in your life. If you can't think of anything, you're very lucky! In that case, take a look back at the past month or months, and think of obstacles you've had to overcome. You can also do this exercise with clients. It is a goal in itself to experience that pain is built into life.

From this perspective, it is strange that some therapies have the goal of becoming pain-free. Indeed, the assumption that pain is a part of life might initially evoke feelings of darkness and unpleasantness. That is why this theme is unpopular as a subject in therapy. Therapists find it difficult to broach such a brutal aspect of reality. Instead, we deflect, saying that "There is light at the end of the tunnel. It was meant to be. Everything happens for a reason. It's always darkest before the dawn."

Why do we say these things? Usually we're trying to resolve our own issues by protecting our clients from the world. If this happens in your sessions, I hope you can find self-compassion. We all want things to work out for us, and for those around us. Embracing reality is not always an attractive option. But knowing you can't control your life can (ironically) set you free. There's nothing to control anymore if you realize you're not in control. You could be sent home from the hospital with a clean bill of health, then die in a car crash on the way home. You could hide from danger in your house only to have a tree fall and smash through your roof. Uncertainty is life's only promise. You can influence your life, but you can't eliminate danger from it. This realization has given me a great sense of surrender and lightness. Instead of trying to control the wave, you can ride it. You don't have to pursue security in an insecure world.

## The Practical Implications of Pain and Suffering

When I talk to a client, I always try to glean whether their problems are real or if they're in their head. If there are many direct, identifiable causes undergirding the client's experience, then I want to work through it with them. But if most of the client's despair comes from taking their thoughts too seriously, then we have to work together to create more distance from their thoughts.

In practice, pain and suffering run together. Someone who is in a painful situation will unavoidably also suffer from difficult thoughts, which can then

aggravate the pain. And someone who is especially troubled by their thoughts will inevitably find some direct cause for that suffering. So it is not a matter of whether there is pain or suffering but which of the two is more dominant at the time. If you can determine that, then you can figure out how to approach your intervention. For example, a client comes in and tells you that she's just learned that her husband is terminally ill and has 6 months to live. As a therapist you had just come up with a plan to focus on defusion today. But clearly now pain has the upper hand. So the question becomes whether the pain should be given as much space as possible. The intervention, therefore, should mainly focus on acceptance and mindfulness.

Another example: A client walks in accompanied by a thundercloud. He has been brooding all week because he doesn't know what to get his mother for her birthday. Plus, he's in constant fear that something will happen to her. He's also afraid that he himself will fall ill, and avoids any TV shows in which people with cancer talk about their experience. And he's worried about a reorganization at work because he doesn't have a long-term contract.

In this example, you probably noticed that suffering has the upper hand. Of course, direct, painful causes can also play a role here. That reorganization at work is real, and not being able to come up with something nice for your mother is annoying. But you feel here that the client is especially troubled by the worry and not the situation. This means that the interventions should primarily focus on defusion and the self.

You might be thinking, "So what exactly do I do?" Keep in mind that there is no one right approach. You can approach pain and suffering from different angles. What I can do here is tell you how I do it. In the first example, I would actively seek out the feelings of powerlessness, anger, and sadness. You could tell the client that she is entitled to feel pain under the circumstances. It would be a conversation with frequent silences, allowing the pain to speak. Above all, I would not offer solutions and give as much space as possible to her experience. The recognition that someone is entitled to their grief is to me the most important aspect of acceptance and mindfulness.

At times like this, therapists often focus on the body—for example, by doing a body scan. I don't prefer this approach because it can serve as a temporary distraction from the pain. That moment should be about feeling the pain, not the body. But it's also possible that the client is not able to feel the grief, and you might be able to use the body to help make contact with this emotion. Do you see the difference? The goal is to make contact with the pain. If this is already possible, you don't need to take a distracting detour by focusing on the body. If physical pain is the problem, then that's another story.

In the second example, the client is clearly troubled primarily with his mind, which is busy neurotically trying to prevent any possible problem. "It seems your mind is pretty busy solving problems today," I might tell him with a wink or a smile. Obviously you're going to want to give the mind a pet name, and a session like this one is not complete without some strange defusion exercises. You're

primarily trying to create distance from the mind, engaging one subject after the other to shake up the client. Then, of course, you'll go over the "real" uncertainty that is inherent to life. We can all get sick or be fired. We will all die. But the way that the mind tries to resolve this underlying anxiety only creates more fear. If this becomes clear, then the client can learn to hold the mind at a distance. The deeper foundation of this vision lies in the recognition and embodiment of pain, and the resistance to suffering.

## **The Right to Feel Pain**

As soon as someone says that they have a problem, people generally try to provide well-intended advice. We have been brought up with the idea that we're not allowed to have problems—that we are only truly happy when they have all been solved. Within ACT, acceptance is not an end in itself. It is not a backdoor approach to resolving people's complaints. It is not a spiritual way of life. At its best, it is a very effective way to deal with the difficulties life has to offer. We use the tool of feeling pain because it works best, not because we like to accept difficult things.

The link with our values is also incredibly important. My anxieties tell me what I find important in life. They are essentially a roadmap to my values. Fear annoys us, but ironically it can guide us in maximizing happiness. When I lose my wife in a nightmare, it reveals how much I love her.

In that sense, I sincerely want people to experience struggling, because it is in that state of pain that enlightenment can take place. Personally, I hope that I will never lose my most difficult thoughts. You do not have to have your cognitive and emotional ecology in order to be able to live the way you want. The time we spend treating symptoms can be better spent living in the here and now, with all the baggage that goes along with it. This is about acknowledging everything that you are, including your pain. The pain belongs there. Don't let anyone tell you that you're not allowed to feel pain. You have a right to everything that life offers you.

The right to pain means that you can let the pain be a part of you. I compare this process of incorporation to winning the pot at a poker table. With both arms, the winner sweeps the chips toward them. Similarly, acceptance is an active process. You don't do this only out of a willingness to embrace the pain but also to discover the value in that pain.

How does it feel to read this? I hope that when you read these words, you feel what I'm trying to convey. If you experience this now, then you can understand what we are trying to provoke in our clients.

## **The Justified Rebellion against Suffering**

When I notice that someone is plagued not by life but by their mind, my tone changes immediately. While ACT therapists think that pain is inevitable, we also

think that suffering is unnecessary. Life is hard enough. If your mind is conspiring against you, it's time to rebel.

Sometimes I get angry at other people's minds. I'll see a sweet person with a detestable mind. Often, that mind is running the show. Our programming often determines what we think, do, and feel. We've learned that we are worth nothing, that we should never make mistakes, or that we are inferior to those around us. Our minds tell us that we are unworthy of equal friendships, that everything is our own fault, and that our human traits are weaknesses.

I often tell the following anecdote at training sessions. A while ago I had a special experience. I was invited by a well-known psychology magazine to give a workshop for 75 people. The tickets sold out and they booked a second night. Harry (I call my mind "Harry") was confused and nervous, and I was trembling like a Chihuahua. I was set to try to teach 150 people a topic that I was struggling with myself: the fear of fear.

The first day was fantastic. The room was huge and well appointed; the people were sweet and happy. Everyone was grateful, and afterward several people approached me to tell me how much they had liked the workshop. At that moment, even Harry was struck speechless. I walked back to the train with Harry, and I noticed that for the first time in a long while we were on the same page. This had been a successful day. Relieved that Harry finally had his lips zipped, I plopped down on a chair. The first day had left me hungry for more. I was looking forward to the second session the following week.

Five minutes later I had the thought, "Next week can't be as good as today. It's all downhill from here." Oh yeah. You read that right. Even after the perfect day, Harry managed to screw it all up. Good thing I saw it coming and "tackled" my mind before he had wrangled me into a dank pit of rumination. Then I became furious at my thinking. I had had the perfect day, and Harry's telling me that it can only go worse next week!? That's when I realized that my mind will always come up with a reason to make me feel scared or insecure. From that moment on, I waged a rebellion against my mind.

This was a key moment in my life. If your programming (your mind) has a negative effect on your mood, it is important to become aware of that. Then you can actively distance yourself from your mind by doing (a lot of) defusion exercises. Within the distance that arises between you and your mind, you create the space to make conscious choices. Instead of following your programming, you choose your own path with your programming by your side (or, as I prefer, with your mind on your shoulder).

A lot of people relate to the severity of my mind, and that is why I often use Harry to connect my own story to that of others. But some people are blessed with light, gentle programming. So you don't necessarily have to aggressively tackle a person's suffering. But if someone is totally trapped in a strict set of rules, if their past governs their present, then an all-out rebellion against the mind is a great act of self-compassion.



It's not always fun to become aware of all these things. Therapy is not always fun. My own ACT process has proven at once to be a sublimely valuable and enlightening experience, and one that is confusing and difficult. On a particularly taxing day, I once told psychologist Steven Hayes that ACT had become a virus that I wanted to rid myself of. He laughed and said, "You are right. ACT is a virus. And so far, they haven't found the cure."

## **The Only Real Goal of an ACT Therapist: What the Client Wants**

So how does embracing pain and holding our suffering at a distance relate to our values? Within this inquiry lies the true core of ACT. If we want anything, it's for our clients to achieve the life that they want deep down.

This means that we even embrace the right of a person to make choices that are frowned upon by ourselves, DSM-5, or polite society. As long as we're not hurting others, we are free to live in our own way and by our own standards. My only goal as a therapist is to make the client aware of what they want in their life, and to examine what actions do or do not advance this interest. After this, if they consciously decide that they're okay with some element of the status quo, I'm not going to tell them to lose weight or to find another job.

It's all about perspective. We need to be guided by the client's perspective rather than our own scruples about right and wrong. I have acquaintances who happily live in a way that I personally find repugnant. I know people who find bliss watching the Curling World Cup. I know someone who has an annual pass at a miniatures museum. Do I understand it? Absolutely not! But I don't have to. It's not about what I think. It's about what the client thinks. If you keep that in mind, then you can probe into what actually motivates the client deep down.

## **Effective Therapy Is Uncomfortable to the Core Because Change Is Central**

I wanted to lose a few pounds, so I started to eat differently. Less sugar. Less meat. More vegetables. The first 2 weeks I felt like a camel, chewing sideways to gnaw through joyless plants. After 2 weeks I got used to it, but the cravings never went away. Bottom line: Change is almost never fun (at first), even if you know in your heart that it is sensible. Everything you do differently will take effort.

The more effective a therapy is, the more the client's behavior changes. We would like this process to be fun, because what we are trying to achieve together is so positive. From the therapist's perspective, it is often difficult to understand why people are not overjoyed with the fact that they are losing weight or making necessary and desirable changes to their lives.

It is important for both clients and therapists to bear in mind that change is often accompanied by unpleasant thoughts and feelings. This is yet another reminder that we are not paid to give people nice feelings. We are here to initiate change processes. The more successful we are at this, the more unpleasant thoughts and feelings potentially lurk in the shadows. This shouldn't be a problem as long as we (client and therapist) actively anticipate these dangers.

Of course, we hope that in the end the positive aspects of the changes will dominate your client's journey. It can help to look beyond the first feelings of resistance your mind will give you when you alter your behavior. If people are able to visualize the long-term benefits of behavioral changes in advance, they can often walk through fire with a smile on their face.

## **Didactic or Process-Oriented Teaching Methods?**

You can either use the didactic approach, where you follow a protocol, or you can be more process oriented, where you react to whatever the client brings to the table at that particular moment. And, of course, you can also use a combination of these methods. One type of ACT program that you can offer trains people on the skills that will enable them to deal with life more effectively. Such programs are often predefined in online modules and training courses. This didactic approach is a valid format for effective therapy, since ACT lends itself perfectly to a step-by-step training protocol.

You can also use an open approach, responding to feedback from the client or group. If someone seems to be wondering what they want in life, then a value intervention might be appropriate. If someone is particularly concerned with pain and pain's injustice, themes such as creative hopelessness and willingness are probably more relevant. This can still be done with a group, with the theme being determined by client contributions.

In practice, both methods can be incorporated into each other, which is usually how I work. I let the client determine the process, and at the same time I offer exercises and homework. In a 2-hour group therapy session, I normally dedicate 1 hour to process-oriented work and 1 hour to didactic work. For me, it helps to give a short break in between these two sessions. In general, process-oriented work is more challenging. A didactic program is fixed in advance, so you have total control over the content. This book focuses primarily on process-oriented work to help you respond to individual client needs.

When I'm working with a client, I frequently check myself: Am I walking ahead of the client or behind? In the first case, the client follows the path I blaze. This is a conscious choice: Do I want to teach what I know, or do I want to try to connect with the client's experience? In other words, do I want to determine the destination myself and pull the client along behind me, or do I want to let the client choose the destination?

There's much to be said about each choice. We often unintentionally walk

ahead of our clients. Let's say the client tells you that they're having doubts about their job and whether they still like their current line of work. You as the therapist might think that they actually want to change careers, so you say, "Have you tried going online to see what else is out there?"

This is a classic example of walking ahead of the client in a way that is not useful. The client has doubts, but they're not at the point of looking for another line of work. Through this intervention, the client could end up following the therapist, taking another job that they might not even want. While you are didactically presenting your own program to your clients, there is nothing wrong with walking ahead of your clients. But once you start trying to interpret what your client needs, you run the risk that they will follow your path instead of their own.

## **The Difference between Empirical Observation and Verbal Assumptions**

If you want to learn to work in a process-oriented way, you need to let your own theories take a back seat. As professionals, we often have a (predetermined) clear opinion about the cause of a problem. Someone who does psychoanalytical work will jump to questions about the past and about parental relationships. A system therapist will jump straight to familial relationships. A cognitive therapist will search for irrational thoughts. An ACT therapist's bias will lead to questions about context and coping. But how you do this is very important. We unconsciously want to plug clients into our own theory. This leads to targeted, closed questions that are meant to provoke the answer we want, as discussed earlier in this chapter. For example, say a client is having trouble showing vulnerability in a relationship. The therapist asks about their relationship with their parents, and discovers that it isn't good. The therapist forms a "bad attachment" theory from this and draws out the theme, asking, "Is it possible that because you had difficulty connecting with your parents as a child, you are having trouble connecting with your partner now?" This conversation has now become incredibly subjective, and the theme has been predetermined by the therapist. This is a self-fulfilling prophecy: You believe that something functions in a certain way, and everything you do in response is designed to confirm the assumption.

However, there could be any number of alternative explanations for the client's inability to be vulnerable. What if the client's partner cheated on them, or the partner themselves has psychological issues? What if the client actually isn't interested in their partner anymore, and as a result, they're hesitant to open up? Maybe they both work and have a family, barely get to see each other anymore, and that has caused their connection to lapse? Or maybe the client actually has no problem with being closed off, and it's actually just the therapist's problem. Prejudging the cause of a problem is one of the biggest pitfalls in our work. This is why it is so important to ask open questions. Consider the assumptions that you've developed from your education. Investigate your own beliefs and see if you can bring them to the fore.

## **The Therapist's Ultimate Exercise of Willingness: Approaching Clients from a Place of Ignorance**

Following the client means that you don't know in advance what your intervention will be. Just as clients want to control their anxieties, we often insist on having control over the conversation. I notice this especially when I give demonstrations during training. I have to "perform well" for Harry, and he cooks up all sorts of possible interventions beforehand. As soon as I listen to Harry's advice, I've lost the client. At that point, I'm going through the motions as dictated by Harry instead of participating in the client's story. Coming up with something to say in advance can, therefore, be a pitfall.

Of course, in reality, I do have an agenda, as well as ACT techniques as options. However, I do not know which techniques will prove relevant in the moment. Maybe my client is struggling with their work, and it turns out that they have a nasty boss (pain). Maybe they are struggling with this problem (creative helplessness), or they are doing their best to deal with it (willingness). Alternatively, they could be suffering from the strict rules in their head (control, inventorying rules), or they could be fed up with their mind dictating what they have to do (defusion). Maybe the client allows themselves nothing, and denies themselves relaxation (self-compassion). Or maybe they wonder if they still want their job (values), and what they could do instead (dedicated action).

I walk into a session armed with a single open question ("How is it going?") and nothing more. I do not know which exercises I will propose, whether I will perform well, or whether the client will be an active participant in the conversation. All I know is that I don't know anything. If you want to learn to work in a process-oriented way, then you need to let go of some of that control. It is a process of building confidence, of learning and falling and getting back up. In Chapter 6, we drill this skill more extensively.

### **Summary**

The six elements of ACT (acceptance, defusion, mindfulness, the self, values, and committed action) work best when first viewed through the theme of creative helplessness. This process examines whether the client comes to you with an agenda that actually works. Usually clients want to avoid and fight the pain of life. An open investigation into whether and how that works is central to the initial phase of an ACT program. Without this step, clients will end up using the techniques to get rid of their complaints.

Posing lots of open questions can stimulate the intrinsic motivation of clients. Instead of trying to motivate the client from the outside, you figure out what drives the client from the inside. Patiently and openly examining what is going on together can significantly boost the effectiveness of your interventions. It might help to see the ACT model as one smooth process:

- You walk (committed action) on the path of your values.
- You are willing to actively take on difficult thoughts, feelings, and circumstances (acceptance).
- You see thoughts as thoughts. Your mind runs behind you instead of you running behind your mind (defusion).
- On your way, you try to take in everything you feel and experience with attention (mindfulness).
- As you walk, you are aware of yourself. You act out of compassion and become absorbed in what you do (the self), on the way to a life that you would actually like to have (values).

ACT looks at other forms of therapy at the process level. This means that we look at what does and doesn't work within—for example, CBT. ACT can be seen as a melting pot of therapeutic techniques that have been proven effective and embraced by valid theory (RFT), with a clear vision and focus.

Many therapies set out with the goal of ridding the client of complaints or pain. One of the most important assumptions in ACT is that pain is a part of life. This assumption must be felt. While people often understand what this idea means, they secretly harbor hope that ACT will bring structural relief. But unfortunately, no therapy can prevent unpleasant experiences in our lives. The fact that we are not allowed to feel pain gives it a more prominent role in our lives. What we can do is improve how we actively carry the pain with us.

In practice, an investigation of the client's pain and suffering should be used to determine the appropriate intervention. If pain has the upper hand, then we actively try to feel and draw out the pain together with the help of, for example, acceptance or mindfulness. If the mind is getting in the way (suffering), then we try to hold the mind at a distance with the help of, for example, defusion.

The deeper takeaway is that we believe that people have the right to everything that life has to offer, including pain. Many people try to resolve pain directly. If this works, wonderful. But normally, pain is a fundamental part of existence. I consider my pain a great blessing because within it my most important values lie hidden.

It's totally different when it comes to suffering. Just as you have the right to feel pain, you also have the right to revolt against your suffering. If you indiscriminately adopt what your own past tells you, then you live your life according to other people's standards. Consciously deciding in the here and now how you would like to live your life is the head of the ACT spear. If we keep our minds at a healthy distance, we open the space to make conscious choices.

Essentially, we want clients to make contact with their own values. From there, they can consciously decide whether they will act on those values. We are tempted to impose our own values on the client—for example, by insisting on a standard for what constitutes an anxiety disorder and what does not. But in ACT, we are concerned only with what the client truly wants out of their life. If that means they want to sit on a park bench all day, then so be it.

As a therapist, you do not need the client to respond to positive changes in their life with positive feelings. Any change costs effort and energy. If the client reacts to change with instant happiness, then that's outstanding. But expect people to have to become acclimatized to their newly acquired freedom.

If you are willing to start from a place of ignorance, you might find that you can actually hear what your client is trying to say and learn what the client knows about themselves. From there you can try to fill in any blind spots together. If you understand what we focus on in ACT and why, you'll be able to work with the techniques with a sense of perspective. You will then really know and feel what the client's struggle is, and what they actually want from life.

So now that you know what to look for in therapy based on ACT, let's dive into the therapy itself.