Instructor’s Manual

for

ACCEPTANCE AND COMMITMENT THERAPY: COGNITIVE DEFUSION

with

STEVEN HAYES, PHD

Manual by
Katie Read, MFT

psychotherapy.net
The Instructor’s Manual accompanies the DVD Acceptance and Commitment Therapy: Cognitive Defusion with Steven Hayes, PhD (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

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150 Shoreline Highway, Building A, Suite 1
Mill Valley, CA 94941
Email: contact@psychotherapy.net
Phone: (800) 577-4762 (US & Canada)/(415) 332-3232

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Read, Katie MFT
Acceptance and Commitment Therapy: Cognitive Defusion with Steven Hayes, PhD

Cover design by Julie Giles

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions. What are viewers’ impressions of what is presented in the interview?

4. CONDUCT A ROLE-PLAY
The Role-Play section guides you through exercises you can assign to your students in the classroom or training session.

5. HAVE STUDENTS OR TRAINEES WATCH OTHER TITLES IN THIS SERIES WITH SAME CLIENT
This video is part of a six-video series, Acceptance and Commitment Therapy with Steven Hayes, PhD. Watch the other videos in the series to give students the complete clinical picture of Acceptance and Commitment Therapy, demonstrated by a wide variety of clinicians and clients.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos and Further Reading prior to or after viewing.

6. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.
Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Acceptance and Commitment Therapy: A Summary of Approach

Acceptance and Commitment Therapy or ACT (pronounced as a word, not as separate initials) was developed in the late 1980s by Steven Hayes, Kelly Wilson, and Kirk Strosahl, and is considered part of the third wave of behavioral therapies—along with Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR)—all of which place a major emphasis on the development of mindfulness skills. It is an empirically-based therapy using acceptance and mindfulness strategies along with commitment and behavior-change strategies to increase psychological flexibility.

ACT is based on relational frame theory (RFT), a comprehensive theory of language and cognition that is an offshoot of behavior analysis. ACT differs from traditional cognitive behavioral therapy (CBT) in that rather than trying to teach people to better control their thoughts, feelings, sensations, memories, and other private events, ACT teaches them to notice and accept them—even previously unwanted ones. ACT helps the individual get in contact with a transcendent sense of self known as “self-as-context”—the self that is always there observing and experiencing but is separate from one’s thoughts, feelings, sensations, and memories. ACT aims to help the people clarify their personal values and take action on them, bringing more vitality and meaning to life and increasing psychological flexibility.

Western psychology has typically operated under the “healthy normality” assumption, which states that by their nature, humans are psychologically healthy. ACT assumes, rather, that the psychological processes of a normal human mind are often destructive. The core conception of ACT is that psychological suffering is usually caused by experiential avoidance, cognitive entanglement, and resulting psychological rigidity. These lead to a failure to take needed behavioral steps in accord with core values. As a simple way to summarize the model, ACT views the core of many problems to be due to the concepts represented in the acronym, FEAR:
• Fusion with your thoughts
• Evaluation (often negative) of experience
• Avoidance of your experience
• Reason-giving for your behavior

And the healthy alternative is to ACT:
• Accept your reactions and be present
• Choose a valued direction
• Take action

**Core Processes and Treatment**
The root goal of ACT is a change in one’s internal self-talk and one’s external behavior. ACT teaches clients to observe themselves having feelings and then accept those feelings, as fighting or avoiding emotions worsens their effect. ACT then focuses on a shift from the content of an experience to the context of an experience. ACT distinguishes between acceptance of things that cannot be changed—like our history—and those that can, such as leaving an abusive relationship.

There are six core processes of ACT:

1. **Cognitive defusion**: Learning to not be so controlled by one’s own thoughts, but rather to recognize thoughts without getting caught up in their content.

2. **Acceptance**: Allowing one’s thoughts and feelings to come and go without struggle and accepting the reality of one’s circumstances.

3. **Contact with the present moment**: Mindful awareness of the present on a moment-to-moment basis.

4. **Self-as-context (observing self)**: Learning to access a continuity of consciousness that is unchanging—the “observing mind” or “observing self.”

5. **Values**: Defining what is most important to a person.

6. **Committed action**: Setting goals based on values and committing to them, despite contrary thoughts or emotions that might arise.
A basic ACT treatment using the six processes above might look as follows:

1. **Examine avoidant behaviors.** Clients have often struggled at great length with their problems and frequently enter treatment with a goal of eliminating painful thoughts or emotions. Avoidant behaviors are usually examined first. For example, what does the client do currently to avoid negative thoughts or feelings, or to escape them when they arise?

2. **Examine strategies that have not worked.** In struggling with and focusing on the presenting problem, clients often make the problem appear even worse. ACT helps clients differentiate between unpleasant inner experiences (feelings, thoughts, sensations) and psychological problems. Clients often confuse the two and assume that being healthy means eliminating these negative experiences. The ACT therapist works to challenge this belief by asserting that healthy, normal brains churn out negative feelings and thoughts all throughout the day. In other words, it’s just what the brain does. One’s job, then, is not to eliminate these feelings and thoughts—which is impossible—but to establish a more healthy relationship with them so they do not control or govern one’s actions. *(Cognitive Defusion, Acceptance)*

3. **Identify self-as-context, distinguished from self-in-content.** Similar to many mindfulness practices, clients are taught to get in touch with an observant self that watches and experiences yet is distinct from one’s inner experiences. This is done using a number of experiential mindfulness exercises, both in session and out. *(Contact with the Present Moment, Self-as-Context)*

4. **Determine values and choose goals.** Clients are taught the difference between deeper values (family, health, etc.) and the goals that might help them work towards those values (spend an hour a night exercising with the kids, etc.). Therapists help clients establish the willingness to regain control of life, rather than simply trying to control thoughts and feelings. A great deal of emphasis is placed on defining willingness and helping the client establish it. Clients are taught to take action towards their values, even when they “don’t feel like it.” For example, one may not feel
willing to go to the dentist, but one might willingly go anyway. (Values)

5. **Focus on commitment.** Clients commit to ending the war with their own emotional states. Clients integrate the practices of defusion, mindfulness, and acceptance into their daily lives. Clients continue to move forward on goals that are in line with their values and learn to take action on these goals in spite of sometimes having negative (and normal!) thoughts or feelings.

**Techniques Used in ACT**
ACT therapists are active and engaged in sessions. ACT frequently includes experiential work with the client in the therapy room, as well as “homework” between sessions.

ACT therapists have generated a tremendous number of metaphors for use with clients in explaining the various tenets of ACT, many of which can be found online or in the large number of published ACT guides for therapists. ACT also uses mindfulness strategies derived and adapted from a number of meditative traditions. As used in the therapy room, these strategies are stripped of any religious context and are used solely to help clients make contact with their “observing self” and practice mindfulness in various moments throughout the day.

ACT draws on experiential work guided by therapists in session, including techniques that “physicalize” negative thoughts or feelings, language exercises to help clients disconnect from the content of thoughts, and imaginative experiences led by the therapist (envisioning yourself at your own funeral, seeking wisdom from much older or much younger version of yourself, etc.) to help clients internalize parts of the model and/or define values and goals more clearly.

ACT therapists sometimes use worksheets and written assignments to help clients clarify their deeper values and set goals based on these values. As with CBT, clients might also use worksheets to track their progress and better understand any resistance or setbacks, so the therapist might help them identify problem areas and solutions.
Evidence:

ACT is considered an empirically validated treatment by the American Psychological Association with the status of “Modest Research Support” in depression and “Strong Research Support” in chronic pain. ACT has shown evidence of effectiveness in randomized trials for a variety of problems, including chronic pain, addictions, smoking cessation, depression, anxiety, psychosis, workplace stress, diabetes management, weight management, epilepsy control, self-harm, body dissatisfaction, eating disorders, burn out, and several other areas. ACT has more recently been applied to children and adolescents with good results. ACT has also been proposed for work with couples.

ACT is an actively growing therapy with a large number of clinicians and researchers regularly contributing new exercises and techniques. Though the basic principles and processes remain unchanged, the ACT community is eager for the continued development and innovation clinicians provide. If you are interested in further study, there are a number of helpful books and articles available online. As a still relatively new therapy with a growing research base, ACT is likely to be used in more and more settings as its efficacy becomes known and its popularity increases.


Cognitive Defusion

In this third video of the ACT in Action series, you will gain a more comprehensive understanding of the core ACT principle of cognitive defusion. Working with two different women who struggle with depression, Hayes and master ACT clinician Rainer Sonntag, introduce different techniques for bringing cognitive defusion into therapy. Hayes then works with an anxious client whose thoughts and emotions are less easily-accessible, and whose resistance is more pronounced. Hayes demonstrates a few possible approaches and metaphors to help clients begin observing, noticing, and naming her thoughts.

Hayes then engages a depressed mother in a classic ACT “deliteralization” strategy, having her sound out words until they
seem ridiculous and in the process, helping her separate words from their meanings. This relatively simple and seemingly silly technique is actually quite a powerful tool for helping people create a bit of space around their thoughts and feelings. Finally, Hayes demonstrates a few meditation and imagery techniques to help his client “physicalize” and become an observer of her thoughts rather than from her thoughts.
Discussion Questions
Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

1. **Cognitive Defusion:** What are your initial thoughts on Sonntag’s work with Emily? What do you like or dislike about his particular style and early-stage interventions?

2. **Passengers on the Bus:** What are your thoughts on Hayes’ “passengers on the bus metaphor”? How might you use or integrate this metaphor in work you are currently doing with clients?

3. **Integrating Defusion Techniques Into Treatment:** What are your thoughts on Hayes’ different techniques with this more withdrawn client, such as pressing her to know “what it’s like on the inside to be her?” Can you think of other ways you might draw this client out of her shell, or increase her comfort level?

4. **Pseudo-success:** Are you able to observe the “entangled and avoidant” stance that Hayes describes in Sally? How might you spot the difference between this and a more truly successful client—as opposed to the pseudo-success Hayes sees in Sally?

5. **Sticky Note sequence:** What are your thoughts on Hayes “sticky note” sequence of interventions with Sally? ACT asserts that disavowing any of our thoughts is tantamount to disavowing ourselves and our histories. Is this idea becoming easier to understand as you watch Hayes in this segment? Can you imagine other possible ways to bring the client to this same conclusion? How do you feel about the way Hayes uses language as a defusion technique (“I am having the thought that…”)? Do you see the possible effectiveness of this technique?

6. **Additional Defusion Techniques:** What are your thoughts on Hayes “war” metaphor with Claire? What about the “milk” exercise? Can you imagine doing these exercises with your clients? Why or why not?

7. **Defusion with different clients:** Compare and contrast Hayes’
work with Claire and Sally. How did he change his style to suit the needs of each client? What are your thoughts at this point on the ACT strategy of lessening or changing the importance and impact of language?

8. “Eyes Closed” work: What did you think of Hayes’ mindfulness meditation exercise with Sally? Is this something you could or would do with your own clients? What difficulties might you have in leading a client through an exercise like this, if any? How did you respond to Hayes’ exercise with Sally regarding “objectifying” her thoughts? Is this something you could or would do with your own clients?

9. Personal Reaction: How would you feel about having Hayes, or another therapist seen here, as your therapist? How would you feel about having an ACT therapist in general, from what you’ve seen so far? Do you think Hayes or another ACT therapist could build a solid therapeutic alliance with you? Would one of these therapists (or the ACT method) be effective with you? Why or why not?
Role Plays

After watching the video, divide class into groups of two, consisting of one therapist and one client. After each role-play, have the pair debrief with one another, then switch roles and do the role-play again in the opposite position. Let participants debrief again in their pairs, then come back to share insights and experiences with the whole group. These role-plays can also be done in groups of three, with one person acting as observer and offering their insights, then rotating into one of the active roles. You may also do role-plays in a fishbowl environment, with a pair working in front of the class, and the class offering feedback at the end, or suggestions to the therapist during the role-play itself.

The students or trainees may do one or more of the following role-plays:

1. Have the person role-playing the therapist conduct a session with a client defining “cognitive defusion.” Have the therapist use Hayes’ “Passengers on the Bus” metaphor from this video to help the client begin to understand and relate in a different way to his or her thoughts. The person role-playing the client should express confusion and possibly protest this new way of thinking, which will encourage the therapist to work harder at “teaching” the client what defusion means and its benefits.

2. Have the therapist lead a meditative exercise with the client similar to the one Hayes did with Sally, taking a negative thought or feeling the client is having and “objectifying” it. The therapist should have the client place the thought or feeling a few feet out in the room and ask several questions of the client regarding its physical characteristics, its power and strength, etc. The therapist might encourage the client to carry it “in their back pocket,” as Hayes does with Sally, and see how client responds to this. The client should be encouraged to respond as naturally and honestly as possible, as though they were in a genuine therapy session.
3. The “Passengers on the Bus” metaphor has become an ACT classic, used frequently. Have the therapist explain this metaphor to the client, using examples from the client’s own negative self-talk. The therapist’s goal is to convey the message of the metaphor and help the client begin to relate to his or her thoughts in a different way, and begin to see that one can control the direction of one’s life even in the presence of negative thoughts and feelings. Encourage the client to ask questions and possibly express confusion or resistance. The goal of the role-play is to help the therapist become more comfortable with using and explaining the metaphor. The instructor may want to do this exercise shortly after viewing the section of the video where Hayes does this work with his client.
Reaction Paper for Classes and Training

Video: ACCEPTANCE AND COMMITMENT THERAPY: COGNITIVE DEFUSION

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about the ACT approach? What stands out to you about how ACT therapy works?

2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you do differently from Hayes when working with clients? Be specific about what different approaches, interventions and techniques you would apply.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy sessions with the ACT therapists? Other comments, thoughts or feelings?
Related Websites, Videos and Further Reading

WEB RESOURCES

“Acceptance and Commitment Therapy: Model, processes and outcomes” (article by Hayes, et al)
http://institutoact.es/descargas/b04/b043.pdf

Association for Contextual Behavioral Science
http://contextualscience.org/act

Steven Hayes
http://www.stevenchayes.com/

Act Mindfully Training in Acceptance and Commitment Therapy

“Embracing Your Demons: An Overview of Acceptance and Commitment Therapy” (article by Russell Harris)
http://tinyurl.com/ctnb2rn

Goodtherapy.org
http://www.goodtherapy.org/Acceptance_Commitment_Therapy.html

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

ACT in Action (6 Video Series)
Existential-Humanistic Psychotherapy with James Bugental, PhD
Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD
Dialectical Behavior Therapy with Marsha Linehan, PhD
Mindfulness for Life: An Interview with Jon Kabat-Zinn, PhD
RECOMMENDED READINGS


Welcome to *ACT in Action*, the six DVD series on Acceptance and Commitment Therapy. Acceptance and Commitment Therapy is an empirically supported psychological intervention that uses acceptance and mindfulness processes, and commitment behavior change processes, to produce psychological flexibility. My name is Steve Hayes and I’m going to be host for the series.

In the program that follows, we’re going to walk you through some of the major methods and techniques of ACT and try to show you how you can apply these directly to your clinical practice. ACT as a model, not just a set of specific methods or techniques.

And in order to get on top of this model, you’re going to have to access more than just this DVD series. So I’d caution you not simply to try to apply these techniques directly without further reading or training. But these videos will help you fill in the blanks, and show you how to move from a conceptual understanding to an actual application of ACT in work with those who suffer.

You’re going to see in this DVD series a number of different therapists with different styles. We’ve done this on purpose, to show you the different ways that this model can fit into your clinical practice and you’re clinical style.

I encourage you to look at all the DVDs to see the entire package, so that you can explore this territory and see what might work best for you in your clinical work. I do want to acknowledge that at times what you’ll see here might seem a little artificial.

In the interests of training, at times, we’re going to show you relatively constrained interactions that are deliberately depicting only specific techniques when other techniques might apply. At other times you’ll be shown a more natural interaction style. It’s only when you see the entire package that you’ll be able to take full advantage of what’s in this TV series.

So welcome. I hope this is of use to you. And if it is, we invite you to be part of this work, bringing your own best ideas to the open development community that we’ve tried to create. Please let us know
how we can best help you use this material to help you in your clinical work.

In this next DVD in the series we’re going to look at cognitive defusion. Cognitive defusion is one of the most characteristic methods of ACT. And there are a large number of techniques that have been developed in the ACT community to help with the defusion process.

We’re only going to be able to go through a few in this particular DVD. Defusion involves taking thoughts that come close to the person and getting a little bit of distance or perspective on them, so as to be able to see them as an ongoing process of relating that is unfolding in the present moment. This is done in a number of different ways, disrupting language conventions, thank your mind for that thought, deliberately acting out a metaphor of distance, interacting with your thoughts as if their physical objects, and so on.

Defusion allows more flexible responses to occur in the presence of thoughts, changing their functions without necessarily having to change their form. So that the effects of our habits of mind have less of a repertoire narrowing impact on our behavior.

In this next segment, we’re going to see how defusion might be present, even in the very first moments of ACT work. This segment is being done by Rainer Sonntag, who is a leading German ACT psychiatrist. He’s working with Emily, a mother of two who is struggling with depression and feeling chronically unhappy.

This is in the initial assessment phase, the very earliest stages. And you’re going to see, in a later DVD, this same exact client at the same exact phase, approached from the point of view of values. By looking at both you’ll be able to see an example of the flexibility that’s built into an ACT model.

In the early stages of defusion, ACT can look rather like traditional cognitive behavior therapy, or cognitive therapy. And that’s not surprising, since that metaphor of distancing, looking at your thoughts, actually, was already there in traditional CBT and CT.

What is different about the ACT is that it’s not done in service of detecting, and then later testing, disputing, challenging and
changing thoughts. But instead, it is viewed almost as an end in itself. You’ll see in this next segment that quality, as these early questions involve simply noticing thoughts, beginning to become more and more diffused as the therapist begins to talk about them, using the metaphor of a life story. And eventually, even looking at this story is if it’s a movie or a film.

**Sonntag:** Hi, Emily.

**Emily:** Hi.

**Sonntag:** What brought you in here?

**Emily:** I don’t know. It’s kind of hard to explain. Well, it’s not that hard to explain. I’ve been struggling a lot recently with being happy. It sounds kind of stupid to say, but I feel like I’ve been trying a lot of different things that should make me happy, or I feel like there’s a lot of things in my life that I should be happy about. And I just don’t feel happy.

**Sonntag:** So you have this thought, I should be happier.

**Emily:** Yeah. I mean I have a great husband. My family is wonderful. I have a lot of resources and things around me that make other things—and not just material things, but wonderful things that really should be enough. And I don’t know if I’m selfish or—but it just doesn’t work. I’m just not happy. And I just don’t feel like I’ve ever been happy. And I should.

**Sonntag:** How long is this thought with you, I should be happy?

**Emily:** How long has it been with me?

**Sonntag:** How long has it been with you?

**Emily:** At least, I guess about maybe 9 or 10 years. About like in high school. I think back and I try to remember like the last time that—the thing that—like, the happiness was there and I wasn’t working for it, and it was probably like, in high school. I was 15 or 16 and I first started to have like this feeling that I had to do better or be better to be happy.

That maybe I wasn’t happy because I wasn’t pretty enough. So I would fix my hair nicer, or wear nicer makeup, or get more clothes. And that
didn’t work. So maybe I would do this, and try different things. And the people around me just always seemed to be more happy. Even people that didn’t have the same things as I have. So I would just keep coming back to that.

**Sonntag:** There were other thoughts going with it. Other people are happier.

**Emily:** Yeah. Other people, everybody else, everybody else is happier. And what’s wrong with you?

**Sonntag:** So you compared yourself very much with other people?

**Emily:** Oh, yeah. I mean, especially when people seemed to have what I wanted, but I couldn’t figure it out. You know?

**Sonntag:** Yeah. What other thoughts went with I should be happier?

**Emily:** Yeah. What’s wrong with me?

**Sonntag:** What’s wrong with you? OK.

**Emily:** I’m selfish for wanting more. I should just be happy.

**Sonntag:** You should be happy.

**Emily:** I mean it seems like something that people just—that you should just be able to just decide. I mean, that maybe, you know, if I think about the things—I don’t know. Yeah. It just seems like you should be the able to decide. You should be happy.

**Sonntag:** Would you say that your whole life story somehow grows around this thought, I should be happier?

**Emily:** Well for the last 10 years or so. I mean, before that, I don’t know. I mean, I was pretty happy when I was a kid. I didn’t worry about much. I mean, but even nothing bad has really happened to me. You know, I mean, I still have my parents both alive, and no big tragedies or anything. So yeah. I should—I should be happy. When I first realized that other people didn’t look as sad as I felt, I mean it just kind of—

**Sonntag:** I should feel in another way. Have you ever been in a cinema?

**Emily:** Mm, hm. Sure.
Sonntag: And do you know how it is if you are in a film so that you cry when the actors are crying, that you laugh when the actors are laughing, that you ooh, kind of are shocked when something suddenly appears on the screen? Do you know that experience?

Emily: Yeah, yeah.

Sonntag: When you are in a film?

Emily: Mm, hm.

Sonntag: OK. And do you know also the experience when you are sitting in front of the stage and the film, or the television, and just looking at the film?

Emily: Like, kind of not in it?

Sonntag: Looking around in your room and saying, oh, there are the other people, there is the furniture all around, there are the windows. Or in cinema there are the rows of people and you’re looking at that film. OK. You know the difference?

What might it be when the story that you told me about your life, the story that grows around this theme of I must be happy, I should be happier, is something like a film you are captured in? Rather than something you look at or you, rather than being captured in it, go with it?

Emily: Hm. I don’t know. I’m not sure what that would be like.

Commentary: This next segment shows another way that we might create a perspective from which to view our thoughts. It brings forward some of the work we did with Claire, a depressed client we saw in an earlier DVD.

We had used the “passengers on the bus” metaphor with this client, and we’re going to continue with that here. But we’re beginning to focus on this critical element of defusion, which is the difference between looking at thoughts and looking from thoughts.

Hayes: So I wonder if what we could do in here is to do something so that it’s possible to have the passengers you have, I mean, you didn’t necessarily invite them on. They showed up. Right?
Claire: Yeah.

Hayes: To have those ones that you have, and to have this life, your life, be your life, with you with your hands on the steering wheel guiding where it goes. You can still hear them. I’m not saying I’m like, sometimes in there there’s some interesting things in those thoughts, maybe useful information. But my question is more like, whose life is this?

Claire: So just drive them around, keep them on the bus, and have them sitting there.

Hayes: If it could be done like that, boy we would really, people would be waiting up at the door. It’s so much more tricky than that. Because it’s kind of like this. It’s kind of like when your mind gives you something, it doesn’t show up there, it shows up here. It’s like you’re looking from it.

Claire: Right.

Hayes: It would be like if you wore a plastic bubble over your head that’s so comfortable you couldn’t even tell you’re wearing it. And it turns out it’s colored, a really dense color. And you’re just looking through it. And everything looks like it’s colored like that.

But it’s actually not colored like that. It’s colored like that because that’s the bubble you’re wearing. It’s almost more like that. So it’s very, very hard. It’s not hard, effortful. It’s more hard, tricky. So now I’m not saying, just in the sense of, why don’t you snap out it and just do acts. I’m not saying that. And, yeah.

Like could we work in here of finding a way, so that these thoughts, there’s enough room on the bus for all of these thoughts, memories, feelings, and bodily sensations, and the driving’s up to you, not up to them. Is it fair to say this, you’ve turned your life over to these thoughts and feelings? Are you in control of your life? Do you feel in control of your life right now?

Claire: No. I guess not.

Hayes: Well I don’t know. I don’t want to put words in your mouth. You tell me. Do you feel in control of you life right now?
Claire: No, I feel kind of hopeless. I feel like there’s—I feel powerless.

Hayes: Awesome. Good.

Claire: But I’ve never thought of it as sort of thoughts taking over my life. But when I think about what actually happens, what my experience is when I’m feeling powerless, it makes sense. I can hear those voices. I can hear those thoughts. And then I want to fight with them. And then I put everything on hold to fight with them.

Hayes: So you get so comfortable, or so familiar, that whatever they say we’re going to do. That it’s almost more like there isn’t even any gap there. There’s no decision or anything.

Claire: Yeah.

Hayes: It’s just, I am hopeless.

Claire: Right.

Commentary: In this next section, we’re going to meet Sally, who’s a socially anxious, insecure, socially withdrawn, and lonely abuse survivor. What’s most salient about this example is how difficult it can be sometimes to notice thoughts at all.

Some clients come in, like Emily, with strings of thoughts that they can notice, and they can tell you about easily. But others may be more like Sally. We’re coming into the middle of the session here. And she’s explaining why she doesn’t reach out to others.

But what’s noticeable is how, even when pushed, she has a very hard time talking about that, in terms of her own experience. And instead, she tends to externalize it, and talk about it in terms of situations. So we’re going to create a metaphor that helps us set up a process of observation. And then we’re going to be able to push into it to help this client learn to observe the mind in flight. Now let’s watch how that looks.

Sally: And you go down the phone list of like, well, OK, who do I want to call? Who do I want to connect with? And well, I haven’t talked to them in forever. And I don’t know what’s going on with them. Or, well they’re really busy at work. And there’s all these excuses.

Hayes: Yeah, exactly. But I want to go one level down. Because if it
were just that, you’d just blast through the Rolodex. Why wouldn’t you? I guess I’m dating myself with a Rolodex. But you know, you’d just blast through your file.

**Sally:** You find all of the excuses.

**Hayes:** Right.

**Sally:** So, you know, jump to this person or that person or that person.

**Hayes:** But what about you? Like, what about you? We’ve got to go into this thing almost like we’re— it would be kind of like going to a nature preserve and getting behind a blind, and watching for the wildlife. We’re sort of watching for the psychological wildlife here.

Because there’s the sense that you’ve come into therapy because there’s a chronic pattern of difficulty in connecting with others. Of fears, would it be fair to say? Worries, anxieties, self criticism.

**Sally:** Sure.

**Hayes:** OK. You hesitated. And it’s interesting, because we’ve covered some of that. And yet, what you’re giving me right here are more of the situational things, almost. Like, oh, people are just hard to reach. Yeah.

**Sally:** Well it’s the situational barriers that sort of set you up for emotionally closing yourself off to things.

**Hayes:** And so what does—

**Sally:** And the situational barriers are the easier excuses.

**Hayes:** You betch. Exactly So take it another level down. Let’s say you make the call and they’re not there. Or they’re there and they don’t want to. That means what? And here we’ve got to be like those folks sitting behind the blind, watching for the cognitive and psychological wildlife. Like what?

Some of these things might be hard to catch. And it’s important that we sort of, be mindful of them. Like, what is it really, really like to be you? Like, I want to know what it’s like to you from the inside. And I want some of the stuff that’s even things that are hard to admit to yourself, never other people. To let’s get it out, let’s put it right on the
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Can you give me one? Give me a thought what would really, that is not just the reason that it should be there, but that you actually know is there, that is on that list of barriers. And if you have any choice, take me to one that’s harder to tell me, rather than one that’s easy to tell me.

**Sally:** Barriers? Emotional barriers?

**Hayes:** Yeah, exactly. That holds you back. Here’s how to know what to say at this moment. The things that you want to say. And even more so, the things that you don’t want to say. Because the way the mind works is that things will show up, and then you’ll push them to the side, because “you feel better” when you do.

**Sally:** A barrier would be a disappointing end result. You know, like you don’t want—not taking the first step because you know ultimately you’re going to fail anyway.

**Hayes:** And if you did, what would that mean? What would that say? What would that say about the world, about you, about your life?

**Sally:** That I was somehow inadequate or incapable. Or undesirable on some level.

**Hayes:** OK.

**Sally:** Ouch.

**Commentary:** It’s worth noticing that as you walk into this process, you may see, initially, descriptive thoughts move quickly over into emotions, or into evaluative thoughts. And when you see that, you know that you have a thought that hooks the client, and pulls them into reactions. And very likely into overt behavior.

*It’s one that you’re going to want to dig deeper on, and use these defusion methods with. So let’s watch that in this next segment.*

**Hayes:** So let’s pull that one out and kind of look at it. We were doing some of this work last time. And I’d be interested in what your experience has been as you’ve started to do—have you tried doing something different with thoughts like that?
So here’s this thought. Let’s see. Let’s put it in simple form so we can have a way of hanging onto it. There’s something wrong, undesirable, about you. Is that fair to say it?

**Sally:** Yeah. I don’t know that I’d believe that, though.

**Hayes:** Right. I mean, as soon as you put it on that form, your mind is going to say, wait a minute. That’s not quite—exactly. But this is like those passengers on the bus. Right? There’s lots of them. And as soon as one steps up, other ones will step up and say, wait a minute, that’s not quite true, et cetera. And then we’re not going to have a load in here. We don’t need to do that.

What’s important is for us to get one of the ones that’s sort of been slinking down, because probably you told them to. Or you probably made a deal with them. As long as I don’t do anything, like for example, don’t call people, don’t put myself at risk, you stay down so I don’t have to see you. But then your life gets narrower. The options get fewer.

**Sally:** Mm, hm.

**Commentary:** OK. In the early work with Sally it was difficult to get beyond the kind of mindY entangled phase into a more diffused place. Part of the difficulty with this client is, she uses the language of letting go, but is yet another form of self manipulation. This is a particularly difficult one for ACT therapists, because it can look as though the client is with you. And clients, themselves, can think they’re with you, because of the literal overlap in terminology. But then as you watch the actual process, it becomes clear that this is an entangled and avoidance stance. Not really what you’re asking the client to do.

You saw that exact process unfold in the earlier clips. You’ll see here how she, superficially, tries to go along, but then isn’t really connecting. And I’m going to have to dig into that resistance.

**Hayes:** But if it’s fair to say that there’s almost like a feeling in here, that there’s a habit of mind to actually keep them out of consciousness, in a way. Because we had to work a little bit to get these out here. It was more situational and stuff. Which sort of tells us that part of the
way that they’ve been dealt with in the past is to keep them out of
consciousness.

So when they’ve shown up, and you’ve acknowledged them, is there
anything else that you’ve noticed happens? Or anything else that as
you begin to open up more to them, and sort of notice that they’re
there?

**Sally:** Not really.

**Hayes:** What else happens? Like, if you just sort of watch the sequence
of events. If you notice something that, especially if it’s one that’s
painful. Do you just sort of notice it and go on?

**Sally:** Yeah.

**Hayes:** Ah, interesting. And I’m a little suspicious of this, because of
the difficulty of sort of getting to it. I’m wondering if you notice it,
and then see if you can put it back, as opposed to going on. More like,
going on with it.

**Sally:** I mean, you don’t ever choose to go on with something that’s
painful.

**Hayes:** Ah. You don’t?

**Sally:** Do you? I mean—

**Hayes:** OK. Then let’s go there. Then maybe that’s—yeah. Exactly.

**Sally:** I mean just acknowledging it is saying, oh, OK, that’s there. And
then something else takes its place. And it’s like, oh, you know, I think
I’ll take that baggage with me. I need to be cognizant of that, while I’m
moving into this. OK. Don’t forget. Take that with you. And then the
phone rings. Oh, but I got to have that with me. You know.

**Hayes:** OK. So that’s what you hear me saying, is taking it with you
would mean—like, what would be the fear if you sort of went with
that? Taking it with you would be, what?

**Sally:** Well, what would you do it with it?

**Hayes:** Yeah, you’d then be—

**Sally:**—conscious of it all the time. And it be a, I don’t know, whether
it’s either a driving force, or an obstacle to dealing with the reality of
the next thing that’s in front of you.

Hayes: OK.

Sally: You know, got to go and order coffee, but you’re thinking, well I’m unloved, I can’t order coffee now.

Hayes: OK. OK. So just thank your mind for that.

Sally: How do you take with you?

Hayes: It’s sort of giving you, kind of, this is logical. This is very logical. Like, what’s the use?

Sally: Yeah.

Hayes: This is not going to help me. What am I going to be walking around crying, focusing on all my fears?

Sally: Yeah.

Hayes: It’s like that, yeah. Except that the difficulty of connecting with others, what if that’s part of this? What’s if what’s going on here, it’s kind of like, like, if this were a thought. This is the thought, I’m unloved. OK? And so here comes. It’s coming towards you. What do you want to do with it?

Sally: Just throw it out the window.

Hayes: OK. Exactly. Exactly. And you’ve been doing that. Right? Except, what if, in order to do that, you can’t be taking that bus in a direction? One of the ways you do that, you can’t be taking that bus in a direction where these things will show up.

It’s kind of like—here, put your hand up here. It’s kind of like, now make sure this doesn’t touch you. Make sure it doesn’t. OK. There’s no problem. I mean, the thought—what thought? There ain’t no thought that I’m unloved. But I’m not calling those people. Do you see what I’m saying?

Sally: Mm, hm.

Hayes: Like this habit of—but even worse, it’s like back here. Keep it away. Now I’m not talking about something like, I’m unloved. I’m talking about something more like this. And don’t do anything, I’m just going to put this here, like that. Or maybe, even something more
like that. I mean, you came by these thoughts through your own history? Yes? Is this something you have to get rid of?

**Sally:** I guess not. More like you want to get rid of it.

**Hayes:** Yeah? Except inside that, there’s like, I can’t be me with my history. And Mary had a little—

**Sally:** —lamb.

**Hayes:** Yeah. I mean, given your history, do you suppose that the thoughts that I’m unlovable, it’s that a fair to say some of what—or that I’m not loved, or I’m not wanted, or I’m not—am I going beyond, but am I in the same territory?

**Sally:** Sure.

**Hayes:** OK. Do you suppose you came by that honestly? You think you hopped out of the womb thinking that?

**Sally:** No.

**Hayes:** OK. So when you’re doing this, isn’t it tantamount to saying, I can’t have my history?

**Sally:** Yeah, I guess. But, you know, the logic goes, well, do you have to embrace all of your history? Like what—you can’t embrace a whole life’s worth of acknowledging every single moment and every single step in your history.

**Hayes:** Right.

**Sally:** You know, in order to function you’ve got to let some things go.

**Hayes:** Well letting go is different than this. See, here’s the problem. This is like a sticky note. It seems to me that what you’ve been doing in this thin, it’s sort of like—I wonder if this will actually stick to me—it’s like I’m got to let it go. Oh, it didn’t stick to me. But in the process of, I’m going to make it, I’m letting it go, but it’s actually even more the focus.

And logically, when you’ve sort of done this with it, it should be less and less in your life. Do you think this feeling or this thought is less and less in your life?

**Sally:** No.
Hayes: OK. So there’s something going on that is just not logical. I mean, your mind is in here, sort of claiming that it knows how to do this. I’m skeptical.

Commentary: With a client like this, I’m going to have to get them more diffused, even from their own processes or problem solving that they’ve relied on. I’m going to have to undermine their confidence in the arrogance of the human mind, to be able to figure everything out, and control everything. And you’ll be able to see that in the metaphor that I use in this next section.

Hayes: Let me just ask you this. Do you know how touch your nose?

Sally: Yeah.

Hayes: OK. So can you tell me how to do that?

Sally: Yeah.

Hayes: OK. How do I do that?

Sally: Steve, take your index finger.

Hayes: OK. Like this guy?

Sally: Like that guy.

Hayes: OK.

Sally: OK. Raise your hand up.

Hayes: OK. And then, touch my nose?

Sally: And then touch your nose.

Hayes: OK. And so how do I raise my hand up?

Sally: Like getting into neuroscience? How to make the neurons—

Hayes: Well, just, you know, how to do it. Just tell me how to do it.

Sally: Bend your elbow up.

Hayes: Bend right here?

Sally: Yeah.

Hayes: OK. And then what?

Sally: Direct finger to nose.
Hayes: OK. So how do I bend that elbow up, like that?
Sally: The neuroscience. Your brain tells your arm to do it.
Hayes: OK. So I’m supposed to have my brain tell—now how do I do that?
Sally: I don’t know.
Hayes: I thought you knew how to touch your nose.
Sally: I know how to make me touch your my nose. Apparently, I don’t know how to make you touch your nose.
Hayes: You see the problem here?
Sally: Mm, hm.
Hayes: Actually, people who have strokes and stuff, they actually will yell at their limbs to do things. When your mind’s telling you that you know how to do something with this thought that you’re not loved.
Sally: Oh.
Hayes: Or that your’re not desirable, or that you’re not wanted, or that you’re not—and it’s probably a list—and yet you’re in here seeing a shrink. I mean—
Sally: Yeah, I’m not fighting you on this stuff. I’m just saying how, great. Tell me how.
Hayes: Exactly. But I just want you to just notice that your mind’s telling you how to do it. And yet it’s not working that way. Maybe it’s more like this.

Commentary: It’s worth noticing how this client, when she first stated the thought, she followed immediately, “but I don’t believe it.” Everything in her experience up to this point suggests that if she believes it, she has to do one thing. And if she doesn’t believe it, she can do something else.

But the way that we’re viewing it, from an ACT point of view, the statement, “I don’t believe it,” is itself, a relatively fused place when it comes up in a context like this. A useful convention that helps create a little more effective diffused space between the client and thoughts in a situation like this is simply, calling a thought a
thought. Rather than interacting with it, in terms of its literal truth, or falsity.

Hayes: I’d like to have a convention in here. Just kind of an odd verbal convention. And I want to admit that it’s odd. But just for the next little while, can we have this convention? Like, when we’re talking about a thought, I’d like to say it this way, I’m having a thought that—

Sally: OK.

Hayes: And like, when we’re having a feeling, say it this way. I’m having the feeling that. If you’re evaluating something saying, I’m having an evaluation that. OK?

Sally: OK.

Hayes: So we just sort of call a spade a spade. And here the word machine is rolling out, I’m having this thought.

Sally: OK.

Hayes: Could we do that?

Sally: I’ll try.

Hayes: OK. OK. Or even do.

Sally: I’ll try. We’ll see how well I’m able to do it.

Hayes: Yeah, well, I’ll catch you. I’ll catch you if you slip on it. So I want to just focus on this issue of what do you do with these negative thoughts about yourself?

Commentary: Sally has a tendency to want to push the thought away. And now we’re going to focus on the workability of that move. At the level of literal truth, we can agree with, and in fact in this segment I will, that if these thoughts were literally true, then yes, you would have to deal with them in the way that we normally do.

But since they’re just thoughts, there is an alternative, which is beginning to learn to notice them as a process of thinking, unfolding, in flight, in the moment. That’s not an easy discrimination. So we’re going to spend some time flushing it out.

Hayes: No one wants me. Say that again. Let’s say it again.
**Sally:** No one wants me.

**Hayes:** OK. Yeah. So there’s some punch to it.

**Sally:** Mm, hm. I’m having the feeling that I don’t believe that when I say it. There are elements of it, sure.

**Hayes:** You’re probably having a thought. Actually belief is probably more like a thought. But having a thought that you don’t believe it.

**Sally:** That I don’t fully believe it.

**Hayes:** So good. So notice that.

**Sally:** But clearly it’s hit a nerve. But I don’t fully believe that.

**Hayes:** OK. And that’s OK. Let’s say it again.

**Sally:** I’m having the thought that I don’t want to.

**Hayes:** OK. OK. There’s something in here that’s sticky. Yeah?

**Sally:** Mm, hm. I mean, you’re not making me cry. You’re not going to make my cry.

**Hayes:** Yeah. And that’s been part of what’s been going on. Yeah? I’m not going to go there.

**Sally:** Well what’s the point?

**Hayes:** OK. Maybe the point is opening up a space in which it’s OK to be you. These are not new tears. Right? They’re old.

**Sally:** Yeah.

**Hayes:** OK. So let’s see if we can take, like we were saying last time, these thoughts come up like this, can you sort of feel it? It’s like up on you?

**Sally:** Yeah. Which is why I don’t. Because when they come it’s like, pow!

**Hayes:** That’s why. They’re almost this kind of game of let’s keep it superficial. It’s only because they’re busy, that’s why I don’t call them, they’re busy. It doesn’t having anything to do with this, surely not. Oh, no?

**Sally:** It’s one thing if the sticky note’s sort of, over there somewhere.
But when it’s right here.

**Hayes:** Yeah, exactly.

**Sally:** How do you function?

**Hayes:** OK. So the fear is, if I were to go there, I wouldn’t be able to function.

**Sally:** That’s fair.

**Hayes:** OK. And I’m with you. If the way we went was to leap inside what thoughts say they are, yeah, it would be hard to function. Because what that thought says it is, is, in fact, it’s not OK to be you. Or you kind of don’t belong here. People don’t want you. People won’t be with you. You don’t get to have the life you want. Right? That’s what that thought says. But here’s the thing I want you to notice, Sally. Is inside the struggle not to have that thought, have you been getting the life you want?

**Sally:** No. That’s why I’m here.

**Hayes:** OK. OK. So maybe there’s another way around that. That maybe what life’s asking of you is not, are you going to either push away that thought, or have that thought and not function? Maybe there’s another one, which is to have that thought as a thought. It would be kind of like somebody who lived inside a propane tank, and thought that they just can’t have candlelight dinners.

I get that the way this thought has functioned in your life, you’ve had a choice here. Either be here, and if you really go in here have difficulty functioning. Or be here. I don’t have any—when you first came in here—I don’t have any negative thoughts. I just don’t want to call them, because they’re busy. You with me on this?

So either, in a way, kind of pretend and try to, would be fair to say, almost like manipulate yourself into being OK, by pretending? Like, let’s not, for fear of what would happen if you went there, let’s almost like pretend that it’s not there. You know, like what thought? You know, the sticky note. What thought?

What if there’s another way. Neither this kind of, bam, or this push away, but something more like, and now I’m having that thought?
Commentary: There’s several exercises that we can do to weaken the illusion of literal meaning. In this next clip, we’re going to see Claire, a client that we saw earlier in the DVD series, examine the perceptual features of words just as sounds. As we pop the illusion of literality through an act classic exercise.

Claire: But how can you stand to have the voices tripping at you, as you’re steering? It’s distracting. It’s painful.

Hayes: Yeah, so it seems.

Claire: It’s irritating.

Hayes: So it seems. I want to do something. Let’s just see how irritating it really is. Suppose it’s really more like an illusion. Like what the thoughts tell you is that they can make you feel things and make you do things. And in order to get them to do something, you’ve turned the driving over. OK, yowza, I’ll do it. We’re shaking it up here, boss.

Claire: Mm, hm.

Hayes: Well suppose there’s something—maybe these things are more like a hologram then a real thing. You know, like when they come up and start yelling at you, and they frighten you. And they have like, knives, or weapons, and they’re like, I’m going—and then you’re responding to them? What if it were the case that if you didn’t respond, there actually isn’t anything that they can do to you?

Like what would happen if the war with “I’m lazy” was declared over? So over, that even when the war was going on, nobody came to fight the war. Do you see what I’m saying? I’m not saying that there wouldn’t be a back and forth in your mind, because your mind is full of these passengers. And when you say, “I’m lazy,” there’s going to be another passenger saying, “no I’m not.” I work pretty hard. Oh, yeah? But how about that? Have you ever been—

Claire: Oh, yeah.

Hayes: OK. So what I’m saying, the war being over is more like this. If you unilaterally stepped out of that war, what would happen?

Claire: Well I feel like the thought would just overrun me.
Hayes: OK. So I want to do a little exercise. Let’s just see how much power these holograms have. Are they really things of substance? It’s as if they were going to bodily take you out of the seat, sit down, and drive way. Right?

Claire: Yeah.

Hayes: And rather than have that happen, you’ll just make a deal with them. Because they can make you hurt so bad, they couldn’t make you fight so much, that, OK, we’ll just get a little bit of peace in here. Not real peace. Are you willing to do an exercise that’s kind of silly?

Claire: OK. All right.

Hayes: OK. I’ll do it with you, so we can be silly together.

Claire: OK.

Hayes: Do you ever drink milk?

Claire: No.

Hayes: Have you ever drank milk?

Claire: Yes.

Hayes: OK. Can you remember what it tastes like?

Claire: Mm, hm.

Hayes: Can you remember what it looks like?

Claire: Yep.

Hayes: Smells like?

Claire: Uh, huh.

Hayes: What are some things that come to mind? Like the real kind of, most perceptual things that come mind?

Claire: Well it’s usually cold, and sort of smells faintly sweet. And it’s sort of creamy. Thick.

Hayes: OK. Just close your eyes for a second and see if you can actually just like almost taste it.

Claire: Yeah. I can.
Hayes: OK. OK. As far as I know, there’s no milk here. I didn’t bring any in. And you say you don’t even drink it anymore.

Claire: Nope.

Hayes: OK. Now here’s the thing I’d like to do that’s a little silly, is I want to say that word out loud fast, for about 30 seconds.

Claire: Say milk?

Hayes: Yeah. And here’s your task. Watch what happens. OK?

Claire: OK.

Hayes: OK. You’re willing to do it?

Claire: OK, yeah.

Hayes: All right. Let’s do it.


Hayes: Keep saying it.


Hayes: A little faster.


Hayes: A little more.


Hayes: OK.

Claire: It’s get’s kind of hard to do.

Hayes: It does. Actually that was about 20, 25 seconds. What happened?

Claire: It just got to be like nonsense. It got to be nonsense.

Hayes: Like what happened to the white creamy, cold. Right?
Claire: Nothing. Yeah.

Hayes: Did you notice anything else? Did anything show up instead of that? You actually already mentioned one.

Claire: Well I thought I felt really silly. And the word started losing its shape.

Hayes: OK. So it’s almost like a beginning and end starts disappearing? Right?

Claire: Yeah, it starts to become a sort of a rhythm instead of a word.

Hayes: OK, good. And did you notice that it was almost a little hard to say?

Claire: Very, yes.

Hayes: OK. You had mentioned that. Did you notice what it felt like to kind of make your mouth go like that?

Claire: Yes.

Hayes: OK. And here’s one more. Did you begin to notice what an odd sound that is?

Claire: Definitely. Definitely.

Hayes: OK. So it isn’t just that the meaning went away, but some of the things that are there every time you actually say milk—I mean it has to sound to it—were there.

Claire: Yeah. Right.

Hayes: OK. And this is what we’re going to turn our life over to.

Claire: Yeah.

Hayes: Have you ever been into a country that you don’t know the language?

Claire: Oh, yeah.

Hayes: Like, where did you go?

Claire: Greece.

Hayes: OK. What does Greek sound like, not knowing any of the words? Can you imitate it?
Claire: Ay! Um, I can’t, really. Ah-so. I don’t know. That’s a word I actually know. But I can’t. I cannot really imitate it.

Hayes: Can you imitate Chinese? Do you know Chinese?

Claire: I don’t.

Hayes: OK. Can you imitate Chinese?

Claire: yo thay no see no. Yeah.

Hayes: Exactly. Can you imitate English? It’s harder isn’t it?

Claire: It’s very hard.

Hayes: OK. It’s harder. You don’t know what English sounds like? You really don’t know what English sounds—just for a moment. We knew what milk sounds like. Right?

Claire: Yeah.

Hayes: They tell me English sound something like. Sounds to me like a bad Texan. But I’ve been told that. Whereas to my mind, you know, Spanish has that kind of ah, ta, ta, ta, ta, ta, kind of sound to it. But here’s my point. You can’t hear what I’m saying right now as sound.

Claire: Right.

Hayes: Try right now to hear what I’m saying right now as a sound, and not as a word, so thoroughly that you don’t understand what I’m saying anymore. But you could hear the music of the sounds, the way you could hear Greek or Chinese as just sounds, as a cadence, as a rhythm.

Get it all the way to the point where you don’t understand a word saying. And when you do that, when you get to that point I want to raise your hand.

Claire: I really can’t do it. I really can’t do it.

Hayes: No you can’t.

Claire: I get attached to the meaning of the words.

Hayes: Yeah. And this is what your mind’s like. But originally. I mean, I’ve got a nine-month-old baby. How old is yours?
Claire: She’s two. Not talking yet.

Hayes: Not talking yet. OK. I presume that a lot of what my nine-month-old is hearing is [MAKING SLURRED SOUNDS]. It’s the equivalent of what you did for Chinese. He’s hearing the sounds. But he’s just starting to hear the words. Just starting. Like maybe mama and dada are just barely come out of the—OK?

Claire: Right.

Hayes: Now here’s what I want to go to. These sounds that were given an arbitrary meaning, what are the numbers?

Claire: One, two, three.

Hayes: Mary had a little—

Claire: —lamb.

Hayes: And I’m not a hard working person. Deep down I’m—

Claire: —lazy.

Hayes: These words, at one level, are also just sounds, and scribbles. And they started there. Let’s just see. Suppose we do—are you willing to do one more silly one?

Claire: Yeah. I’m in.

Hayes: It’s the same one we just did. Except this time it’s lazy. OK?

Claire: OK.

Hayes: I kind of want to get in touch with what shows up with lazy. That sense of wanting to defend yourself. Or buy into it. Or get angry about it. Or agree with it. Or be hurt by it. Or do what it says. OK?

Claire: OK.

Hayes: Have you got that in there?

Claire: Yeah.

Hayes: Lazy. All right. Let’s just say lazy out loud and just watch what happens. OK?

Claire: OK.

Hayes: I’ll do it with you. Let’s go.

Hayes: A little faster.


Hayes: Stay with it. Stay with it.


Hayes: A little louder.


Hayes: You have spent years struggling with lazy. Lazy. Lazy. Lazy. Like this is worth your kids? This is worth you’re—I mean, I know it’s just one thought. And it’s one of the ones, yeah, it’s on the list of stuff that’s pushed you around.

Claire: Yeah.

Hayes: OK. Here we are. And there is, for example, stop doing something that’s going to connect you with your husband. Lazy. Lazy. Lazy. OK. I’ll turn left. Like maybe these things are like smoke monsters.

Claire: They’re scary.

Hayes: They’re scary. I had a client once who said her experience was like she was in a tug-of-war with a monster. And in between the two of them was this bottomless pit. And if she gave up, if she didn’t keep really, really fighting hard, she was going to get dragged into it, and connect with it. Yeah. And just falls into nothingness. OK?

Claire: Yeah.

Hayes: OK. But after working together for some time, she said, like, the hardest thing for me to see, that really needed to happen here was not me winning this tug-of-war. What I needed to do is drop this rope. Lazy. Lazy. Lazy.

Claire: But then, don’t you fall in the hole?
Hayes: I suppose you could go jump in there, if you wanted. But it’s up to you. I mean what’s—when do you—I asked you to keep track of the amount of depression you’re feeling, the amount of struggle, and how workable that day was. OK?

You tell me. I mean, is it isn’t really that, like a thought, I’m lazy, that’s putting you in a hole? Or is it more like, all that struggle? All those secret deals? Like where does is the power of this thought come from? Lazy. Lazy. Lazy.

Claire: Hm.

Hayes: Does it come from the word?

Claire: No. No. I mean, I could think like well, it comes from the fact that my mom said it, and I attribute importance to that, because she was my mom. And so, I guess I’m the one who’s giving it, I’m the one who is giving it the power.

Hayes: Yeah. And how do you do that? That’s the thing. Like, can we get this thing—it’s kind of like, can we get it out here so that there’s a little bit of flexibility in here? I mean, sometimes you may do things and you say that’s lazy. OK, well I’ll try harder. It’s not that the word is a bad word.

The issue is, it looks to me like this thing’s on automatic pilot. There’s not much wiggle room here.

Claire: I guess I, right away, I just sort of jump on it and start fighting with it, or pushing it down, or proving it wrong. And I jump right on it. I don’t give it any space.

Hayes: Yeah. Laazzzy. I want you to just say the word here again, but this time say it really slowly, and just tell what it feels like to say it. Like take 10 seconds to say that word.

Claire: Lllll aaaa yyyyy zzzzz yyyy.

Hayes: It’s actually kind of a lazy way to say it.

Claire: It is a lazy way to say it. Yeah.

Hayes: Is there anything in that experience that would be worth, or that requires turning your life over to it? Is there anything in there?
And if you actually say that, here’s a word, it has a certain sound to it, it feels a certain way to say it. You heard it. You’ve heard it many times. Like this is your enemy? This is your boss?

**Claire:** But it’s the meaning behind the word.

**Hayes:** Yeah.

**Claire:** That’s what is—

**Hayes:** True. Except—yeah, there is meaning there. But some of what this means is your mama said it. Your dad said it. What are the numbers?

**Claire:** One. Two. Three.

**Hayes:** OK, look, the only reason one, two, three came out of your mouth is because some goofball clinician, who you don’t even know very well, happened to say, one, two, three. Right? So the only thing we know for absolute certain sure that it meant is that, it was there in your history. The other things it might mean, we’re going to have to deal with in other ways. Because my guess is, these are more thoughts. Like, what do you think it means? Tell me. Like, what does your mind give you? Dear mind, lazy means I’m—

**Claire:** Unmotivated, sluggish, a little stupid. Good for nothing.

**Hayes:** OK. Is it OK that you think those thoughts?

**Claire:** No.

**Hayes:** OK. And where did that come from?

**Claire:** Where did what come from?

**Hayes:** No. OK. Maybe it’s kind of like this. OK? Like, you came in here with this idea that some of these thoughts that were happening a lot, had to go away. We had to get on the thought-o-meter of negative thoughts. We’re going to have to get those negative thoughts down.

**Claire:** Yeah. I don’t want them.

**Hayes:** All right. Suppose, actually, there’s this other scale back here, which is how willing you are to have those thoughts as thoughts. You with me on this?
Claire: Yeah.

Hayes: OK. You’ve been working for a long time on this, let’s throw the passengers off the bus, that’s keeping this down. Like I don’t want to have those. Go away. Suppose instead, we work on this back here. Like, right now, it’s in this position of, I’m not willing to have that thought as a thought. I need to make it go away. And you’ve been struggling with it. Right?

Claire: Yeah.

Hayes: Do you suppose, in doing that, they’ve become less important, less central, less noticeable, less a part of your life? Or is it more?

Claire: It’s more, I think.

Hayes: It’s more.

Claire: Yeah.

Hayes: OK. Do you suppose that that is in your interest? That you set up something, so it’s more? Is it working?

Claire: No, it’s not working. No.

Hayes: OK. What would happen? Like, suppose we set this thing up here like, OK, I’m willing to have that thought as a thought, lazy, lazy, lazy, lazy, lazy. It’s just a thought. OK? Unmotivation, stupid, stupid, stupid, stupid. And the whole long list. I’m willing to have that thought as a thought, when it shows up. Dear passengers, say whatever the heck you want.

Claire: And I won’t attach to you. And I won’t necessarily—it doesn’t necessarily mean anything.

Hayes: Necessarily mean anything.

Claire: Right.

Hayes: Now here’s one thing I guarantee you. We’ve been working on this. You’ve been working on this, you know how that works. If we shift, as we’re doing in here, that’s exactly where we’re going, and we work instead on this one. I can make a guarantee about what’s going to happen.

Claire: It’ll get worse.
Hayes: No. Not exactly. Here’s my guarantee. Right now, it’s happening a lot and it’s kind of difficult. Is that true?

Claire: Right.

Hayes: OK. And you want it to go down and away. And to be less impactful, less important. OK?

Claire: Mm, hm.

Hayes: You want it down. You want it to go away. You set this thing up here. I’m willing to have this. Because right now, when it’s down here like this, and this thing gets up, it’s almost like a ratchet went in. Like when a thought shows up like, I’m bad, well it’s really—underneath, I’m lazy is pretty close to it. Would you agree?

Claire: Yeah.

Hayes: OK. OK, so it’s set like this. I’m going to get this thing to go away so that I can feel good about myself. Yeah?

Claire: Yeah. Right.

Hayes: Except that very effort, doesn’t that mean that there’s something wrong with you?

Claire: Oh. Because I’m having the thoughts that are not acceptable. So there’s something wrong with me for having those.

Hayes: If the thought has to go away before you’re OK, how are you right now?

Claire: Not OK.

Hayes: OK. So this is what your mind gives you as the brilliant solution. And don’t feel bad about it, because all minds do it. The way I’m going to get to being OK, is going to being not OK. That’s how I’m going to get there.

Claire: No wonder I’m depressed. Yeah.

Hayes: It has kind of a sad quality to it.

Claire: Yeah.

Hayes: You have that sense that it’s hopeless, maybe this thing really is hopeless. Not that you’re hopeless, but that. So if you set this thing up,
as I’m willing to have those thoughts, here’s what’s going to happen. These thoughts that are happening a lot will go down. Or they won’t. That’s my guarantee.

And the times when they’re happening, those are the times that you’re going to be having a lot of those thoughts. And the times when they’re not happening, those are the times you’re not going to have many of those thoughts.

Claire: And I’ll—

Hayes: You can hold me to this, by the way.

Claire: OK.

Hayes: I’ll give you back all of your session fees if this guarantee is violated.

Claire: But when the thoughts are up here, won’t I just feel terrible?

Hayes: I don’t know. How much of the terribleness comes from where? Some of it, you might not feel things that you like. Absolutely. Possible. And even that, isn’t that just another passenger?

Commentary: In this next segment, we’re going to look at the ease with which the mind can be programmed. And by extension, suggest that perhaps we shouldn’t be putting quite so much importance to what the mind gives you with these automatic and programmed thoughts.

Hayes: OK. Just say what comes to mind. Mary had a little—

Claire: —lamb.

Hayes: OK. Do you remember the very, very first time you heard that poem? You remember the day, the situation? No you don’t.

Claire: No.

Hayes: But you know there was a first time. You didn’t jump out of the womb saying, Mary had a little lamb.

Claire: Right. Right.

Hayes: You’re in this culture, you heard the story, Mary had a little lamb. Right? Is it ever going to be anything other lamb?
Claire: No.
Hayes: Not likely.
Claire: No.
Hayes: OK.
Claire: Right.

Hayes: Now we can actually see—now suppose lamb was really bad. Suppose the lamb is right up there with I’m a bad person, or my life’s not livable, or this is hopeless. Or, I’m such a screw up. You with me on this?

Claire: Yeah.

Hayes: Suppose it’s like that. OK. So I’m going to ask you the same question, except it turns lamb is really bad. Lamb is really bad. Lamb is like a screw up, unlovable, hopeless. OK. So I’m asking the same. I’ll say the same words. But for goodness sakes, don’t say lamb. Have it be something else. In fact, I want it something that’s not connected to lamb in any way. You with me on this?

Claire: Yeah.

Hayes: OK, because lamb’s bad. We’re just playing a game here.

Claire: OK.

Hayes: OK. Mary had a little—

Claire: I just think of lamb.

Hayes: OK. Let’s try it again. Lamb is really bad. You can’t be thinking lamb. Lamb is really bad. Make sure it’s not lamb. I’m going to say it again. Mary had a little—

Claire: I can’t think of anything but lamb. OK. I mean, no matter how many times you do it, I’m going to think lamb.

Hayes: OK. And I’m not a good person, really I’m—

Claire: Bad?

Hayes: I don’t know. I mean, it’s the kind of things that sometimes you say to yourself. Yeah?
Claire: Yeah.

Hayes: Now you don’t remember where Mary had a little lamb came from. But you know you learned that. Some of these thoughts, you actually even can hear the voice. Yeah? That’s a dad thing. That’s a mom thing.

Claire: Sure.

Hayes: So if you can’t do it with a lamb, which is trivial. It’s just a children’s thing.

Claire: Yeah.

Hayes: It’s like anybody coming along here, has the ability—time moves in one direction, not two—they set it up, so that for the rest of your life, something’s going to rumble around in your head. And that is what you’re going to turn your bus over to? I mean, think about this. This is the sense in which, I mean, it really does mean you’re out of control of your life.

Claire: For something fairly arbitrary.

Hayes: For something extremely arbitrary. Completely whimsical. Now let’s just see how arbitrary. OK, here’s the deal. I’m going to say three numbers. If you remember them. I’m going to ask you next section what they are. And if you tell me, I’m going to give you $1 million. This is your lucky day. I’ve got a separate fund, a Steve Therapy fund. It’s actually there. OK.

Claire: OK. I could use it.

Hayes: Here are the numbers. One. Two. Three. OK. So could you say them back to me?

Claire: One, two, three.

Hayes: Good. Now don’t forget them. Because you’re going to get $1 million next week. So at least you have to remember them that long. So let’s practice. I’ll say what are the numbers, and you’ll say—

Claire: One, two, three.

Hayes: Good. And you’ll get the $1 million. Because, you’ll remember that the numbers are—
Claire: One, two, three.

Hayes: Good. Now do you suppose it’s possible, if I ask you next week, that you’ll be able to say that?

Claire: I think it’s distinctly possible. Yes.

Hayes: Pretty likely. And if you’re not sure, we could do another few rounds. You want to do some more rounds?

Claire: No, no. no.

Hayes: You probably don’t need more rounds.

Claire: I think we’re good.

Hayes: Do you suppose it’s possible a month from now?

Claire: I think for the rest of my life I will remember.

Hayes: It’s possible, if I could come up on your death bed, hey, what are the numbers? It might happen. Now think about this. This is how easy it is to invite a passenger. Like this life bus, it’s like you’re constantly getting new passengers on.

We’ve had like dozens, just in the last few minutes. And one of them is, the numbers are—

Claire: One, two, three.

Commentary: In this next segment with Sally, we’re going to look at other procedures to help weaken the literality of her own thoughts. In this clip, it’s worth noticing that even when Sally’s talking about negative thoughts or feelings, I’m likely to say good, or very good.

I don’t mean good literally, as if I enjoy difficulty for its own sake. This is a diffused reaction from me that simply means that it’s good that we’re noticing these things occurring in flight. Later, I’m going to introduce another verbal convention that helps reduce the hooks that tend to pull us into a struggle with our own mind and its verbal products.

Hayes: So part of what we have to do here is sort of see how thoughts go from just being on the bus, going along for the ride, to the point where they actually get up there, changing where that bus goes. And moving you around. So I’d be interested, what are the ones, and we’ll
go along for the ride, like it if you actually get in touch, sort of open up to, if you get in touch with I’m not wanted?

My guess is, there’s a whole crew of them back there that are not seen very often. That kind of problem, they almost hang out together, like on the back bench. Like, you probably sent them back there.

**Sally:** Yeah.

**Hayes:** Like what are some of the other thoughts that might come up?

**Sally:** Well we talked about this a few sessions back. But like—God, it’s hard. Like, it’s my fault.

**Hayes:** OK. Good. Very nice. So just sort of stay with that for a second. You don’t have to do anything with it, just sort of stay with it.

**Sally:** It’s an ugly one.

**Hayes:** It’s an ugly one. And then, that’s another thought, that’s an ugly one. OK? So just notice that. What else? Let’s just sort of clear the back bench, not clear like get rid of it. Let’s just go back and sort of like, get those suckers out here. Let’s look at them.

**Sally:** It’s almost like I don’t deserve, I mean, it. But I mean, it is vague. But like that sense that I don’t deserve to have what I want. Like I didn’t earn it. Like I was wrong.

**Hayes:** OK. Very nice.

**Sally:** We talked about that. But that sense that it’s my fault, because I was wrong, because I did something wrong.

**Hayes:** Yeah, OK. Good. Good.

**Sally:** God, I’ve got a whole baseball team.

**Hayes:** That’s old stuff. Yes? OK. So actually, before we go on to next one, let’s just take a little moment to actually get up against that. You know, that sort of rumbling around in the back there. There’s this thought that you actually deserve it. Not just that you’re not wanted. You deserve not to be. You actually did, or there’s something so wrong, or bad. Am I in the territory?

**Sally:** Yeah, I mean, like we said before. I don’t 100% believe it. But it’s there.
**Hayes:** Exactly. But now just be careful, because then your mind will want to get in there and then try to deal with it, literally, and verbally, and evaluatively. And is that really true, and all that. And that’s fine. That’s fine. And that’s not what we need to do right now. What we’re trying to do right now is actually get with what it is that your mind does, even when it’s giving you stuff that, when you look at, you’d say, oh that’s pretty ugly. That’s pretty painful.

**Sally:** Mm, hm. So see if we can just let it be there as a thought. It doesn’t mean what it says it means. Like if you open up to the thought, I deserve it. It doesn’t mean you’re agreeing that you deserve it.

**Sally:** OK.

**Hayes:** It means you’re willing to see that, yeah, I have thought, and sometimes I do think that. Held as a thought, is this your enemy? Like, you can’t have this passenger. You’ve got to turn the driving over to that passenger. Or is there room?

**Sally:** There’s room. But it’s a lot of passengers to have. I mean—

**Hayes:** OK.

**Sally:** There’s room. But it’s a crowded bus.

**Hayes:** OK.

**Sally:** You know, it’s a lot to carry.

**Hayes:** Right. Well that’s a thought, too. It’s a lot to carry. It’s sort of in there, as almost like it’s too much to carry, almost. And it’s worth noticing, just that—not trying to say it in a particular way, but it’s just worth noticing how your mind even gives that to you. Like, but it’s a lot to carry. The word “but” there, has as it has an entomology, it came from somewhere. And it along time ago was two words. It was be out.

**Sally:** I didn’t know that.

**Hayes:** Yeah. It’s so old nobody would, unless you go and look it up in a etymological dictionary. But kind of what’s in there is, it’s as if if you get the thought that this is almost too much to carry, and so forth, means that you shouldn’t see it. Or that it’s not OK to see it. So just notice that.
One thing that we might want to do in here, just as a convention, is just like, I’m having the thought that. Which is a weird thing. I’d only do it in here. If you do it out there, other people kind of look at you funny. It’s just such a weird way to say it. But it’s to acknowledge that you’re having thoughts, you’re having feelings, you’re having evaluations. OK.

I’m not asking you to be willing to have what these thoughts say they are. Like, I’m not wanted. I don’t see any positive benefit in believing, buying into the idea that you’re not wanted. I’m asking you to be willing to have that thought as a thought, when it shows up.

Just like, OK. There it is. And the same way, the but deal. If we can, in here, adopt a convention where the places where you’d normally say but about your own insides, let’s just put the word and in there.

**Sally:** OK.

**Hayes:** In this sense. Because see if this isn’t true. That you have that thought. You notice that like, I’m unwanted, or some of the fellow travelers we started to list. And then you have another thought. That’s a lot to carry. Right? Isn’t that what happened?

**Sally:** Mm, hm.

**Hayes:** So you had this thought, and then you had that thought. It isn’t be out. It’s not like this second thought means that one has to go away. Or the first thought means that—do you see what I’m saying? It’s a fighting word. But is a fighting word. It means one of these two has to get out of here. Be out. This be out that.

So let’s just, as a convention. If I catch you, I’m going to ask you to actually say it in that way. And so that’s true to your experience. I’m thinking this. And I’m thinking this. And I’m thinking this. The fact that they might literally contradict is not the issue. We’re just trying to get with what’s true psychologically, not what’s true logically. OK. Are there any ones, other ones on the back bench there? You know, our baseball team members are all going to pull out.

**Sally:** Well, I mean, there’s that sense that I said, that I deserved what I’m getting. Or that it’s my fault. It’s almost like I did something wrong.
Hayes: OK.

Sally: I guess, I mean, it makes sense that they all sort of go hand-in-hand, but it’s my fault means I did something wrong.

Hayes: OK.

Sally: Right?

Hayes: Yeah. Very nice.

Sally: Again, I’m having a thought, I’m not buying it.

Hayes: Well you are.

Sally: Not so much believing it, but having the thought that those things go hand-in-hand.

Hayes: And not believing it doesn’t mean arguing it. Be careful. Because it’s not like, I’m not wrong. Because in there, you have to take that first thought seriously and literally. And now we’re into an argument, which is the case.

Sally: It’s the kid on the bicycle accusing me of stealing something.

Hayes: Right.

Sally: I don’t have that.

Hayes: That’s not true. Right. But then you’re taking it seriously.

Sally: Right.

Hayes: And now it’s more of a focus.

Sally: So it’s a thought, but I’m not buying it. Yeah, at all, maybe.

Hayes: Yeah. Good. It’s tricky. Because the thoughts, I mean, they almost demand that you take them literally. They’re kind of like a tiger in the corner of the room that’s sort of demanding to be fed. What’s tricky about it is what feeds them is belief, or disbelief.

Sally: It gives it validity one way or the other.

Hayes: Either way. Or, for example, compliance or noncompliance. Still feeding them. I’m not going to do what you say. Well you might as well just go give it a hamburger. It’s going to be bigger and stronger the next time. Because, could you see why that would be? I mean inside
that, you’re taking them seriously.

**Sally:** I like the analogy with the crazy kid riding up on the bicycle. Because you can totally dismiss it. But if you take it seriously, it means you buy into what he’s saying.

**Hayes:** Yeah. Like if you wrote an email of 101 reasons why it’s not true that you stole the money, or something.

**Sally:** It means you’re buying into the fact that someone’s accusing you in the first place.

**Hayes:** Exactly. So somewhere, and some of this stuff, because of your history, you came by honestly. People close to you actually told you things, you know, that basically came down to you’re bad. So you know, of course that’s going to rumble around.

**Commentary:** Part of the process of defusion is to watch our thoughts from a distance, from an I, here, now perspective, with the distinction between what we’re looking at and who’s looking. That’s how defusion blends over into an observer self, or mindfulness, more generally.

In this next section, you’re going to see an exercise that’s commonly used in ACT that helps us do that. And will help Sally get in touch with her experiences as an ongoing flow of events, but from our perspective in which it’s safe to do that.

**Hayes:** What I’d like to do, just a little exercise in here, to sort of see if we can catch what happens. You know, this metaphor of buying a thought, I want to catch. There’s something that happens here. And it’s something you do that takes a thought from something you can just carry around, or just notice, like I’ve got a number of metaphors in this room now—but you know, like simply a passenger going along for a ride. Versus one that’s actually doing the driving. It’s a very subtle difference.

And I want to do an exercise actually focused in on that. OK. So what we’re going to do is simply—and we’ll do it eyes closed, but first I’ll explain what we’re going to do—is imagine like, we’re sitting next to a stream on a warm spring day. And there’s a brook, or stream, flowing by. And on it are like big gigantic leaves from maybe a really big oak
tree, or something like that.

And what I would like you to do is, as you have a thought, simply put that thought on that leaf. If you think in, if you can only think in images, you can put it in image form. But if you think in words, that would even be better. Can your thoughts be put in words?

Sally: Mm, hm.

Hayes: OK. Then let’s do it that way. So as a thought comes up, here’s your task. Put it on the leaf, and just sort of let it float by. That’s superficially what the purpose of this exercise is. But here’s really what the purpose is.

You’re going to lose this exercise. You’re going to forget what you’re doing. You’re going to go somewhere else. You’re going to be in the stream. You’re going to be on a leaf. A leaf will be on your head. OK. And we’re going to do this eyes closed. And just take a few minutes doing it.

And I may not know exactly the moment which that happens. At the moment at which it does, when you catch that you’ve gone away, I want you just to raise your finger. OK? And I’ll walk you through getting back up on the bank, looking at the river. And then, as a thought comes up, we’re just going to put it on a leaf floating by. OK?

When you lose it, something important just happened there. And we’ll process it in a minute. But I want you to back up, just a few milliseconds, before you lost it, and just briefly note, what were you thinking about? What was going on there, right before you went away.

Sally: OK.

Hayes: OK. You get what we’re going to do here?

Sally: I think so. We’ll see.

Hayes: OK. So superficially, what we’re going to do is just allow the thoughts to flow by, really the purpose is to catch what happens when that is interrupted, so that we can learn something about what it means to, you know, have a thought be like this, versus like that. But it would be kind of looking at the world from a thought, versus looking at a thought. That’s that difference between buying and having. OK.
So why don’t you get comfortable. And maybe if we can put your feet on the floor.

And as we have before, let’s just take a minute just to get centered. And I want you to, sort of just get centered in your body. And see if you can just do a little sweep through. And notice the sensations that are there in your body will sweep through from your feet, up your legs, and your thighs, and your torso, and shoulders, neck, head and face, and then down your arms, and hands. And just notice the sensations that are there, in your body right now.

And in each case, as you notice them, I want you just to kind of acknowledge that they’re there. It’s sort of like, tipping their hat, or sort of waving to a friend across the street. You’re just sort of noticing, not doing anything with it, just noticing it. And see if you can become aware of the feelings that are in your skin.

Your skin is an entire organ that envelops your body. And as you become aware of them, see if you become aware of the fact that there’s skin covering your entire body. And notice the feelings that are originating in your skin.

And see if you can notice, even though your eyes are closed, that just by feeling, see if you can notice where your limbs are. Like exactly the shape your body is in. And as you do that, it’s as if, with your own consciousness, you’re molding yourself out of clay. And every place for your body is now by conscious awareness, by choice, sort of mold your body there.

Like it’s as if you were intentionally creating a sculpture of a living creature so thoroughly, that it is your body in this form, right now. And now as you notice these different things I asked you to notice, I want you to notice also that there’s a part of you that’s noticing that. You’re here now.

And your conscience. You’re hearing me now. And you’re aware of what’s going on in your body, you’re aware of the words I’m saying. And that little part of you, just to have a name for it, I call it like the observer part of you, I want you to take that part of you and put it up on a bank of the stream bed, looking down at a stream, let’s say under
a tree, on a warm day. Very comfortable sitting there.

And you’re looking down at the stream flowing by. And if you can get that image clear in mind, just raise your finger for a second. OK, good. You can put it down. And then I want you to picture on that stream, just floating by, are some very large leaves. And I’m going to be quiet now and ask you, as each thought you think, if you notice anything in your thinking, if you notice an emotion, or a bodily sensation, or a memory, put that in the form of thought and write it out on the leaf.

And I’m just going to be quiet now, and ask you to do that. But at the point at which you’ve noticed that your attention has slipped away, or that you’ve lost that flow, or you forgot what you’re doing, then I want you to also raise your finger, and I’ll help bring you back.

But before you do that, back up a few milliseconds and notice what you’re thinking about, so we can talk about later. So I’m going to be quiet now for a bit. But if you find that you’ve drifted away, or that you’ve lost it, or you’ve gone down the stream, et cetera, just let me know by raising your finger.

OK, good. So just notice what happened a few moments ago, when you slipped away. Don’t interpret it, and spend a lot of time analyzing, just note what was there. And then I want you, once again, to get in touch with the part of you that is aware of what you’re aware of. And just notice that you’re here now.

And then let’s take that part of you, that conscious part or you, and let’s get underneath that tree on a nice warm day. Once again, when you can picture the stream let me know by raising your finger. OK. Good. And picture some large leaves on it. And again, just allow your thoughts to flow. And in each case put them on a leaf. If you lose this at any point then let me know by raising your finger.

**Commentary:** As Sally continues with this eyes closed exercise, it’s my job to help keep her oriented to the continuous flow of experience. Knowing full well that she’s likely to slip out of the exercise, which in some ways is the point of it. As you get fused with, or hooked by things that come up. This should continue for a few minutes. At least two or three. But probably not much longer than four or five.
And then afterwards, it’s a good idea to unpack it, and look specifically at some of the thoughts that hooked your client. Typically, these will be self evaluations, emotional thoughts, thoughts about the future, or thoughts about the exercise itself.

It really doesn’t matter, particularly, what they are, because the bigger message is that we’re trying to notice the difference, and learn to discriminate the subtle change between looking at a thought, versus looking from a thought. And that’s really the purpose of this entire exercise.

**Hayes:** And for our purposes, what I want to note is that that disruption, or that sense of flow right on there is a difference between having a thought and buying a thought. Like in the content. Now see if this is, would this be OK, is that there was something different about how you related to the content of that last one, versus the earlier one.

Let’s go to the next one. Let’s just see if that same theme is there, because this happened twice. What was the second one? What showed up?

**Sally:** The second one, again, sort of getting into it, was experiential. It was just like feeling the breeze, and thinking how beautiful and peaceful this whole setting is. And then there was the thought of, I hate that I’m experiencing this. It wasn’t, it’s I hate that I’m here alone.

**Hayes:** Oh, OK. Very nice.

**Sally:** And almost immediately later, the thoughts just stopped. And so rather than, you know, the river going with leaves on it, that I had nothing to write on. It was like the thoughts stopped happening, and immediately, I was no longer on the river bank. Like the river wasn’t there, the leaves weren’t there. Nothing was there anymore.

**Hayes:** So let’s say it this way. There was an evaluation that showed up. But it didn’t show up out there. Now I’m having this evaluation. It could have been put on a leaf, too. Right?

**Sally:** Mm, hm. But the leaves weren’t there anymore.

**Hayes:** Well they weren’t there, because they were already over here. You were just having the evaluation, you were looking from the
evaluation. You had actually bought that thought. Is that fair to say? You’re sort of inside.

**Sally:** It didn’t feel so much like that thought, though. It was more, there was the thought, I hate that I’m here alone.

**Hayes:** I hate that I’m here alone. Right.

**Sally:** Which is an evaluation, sure. But that I was able to put on a leaf. And then the leaf went. And then within a moment or two, the visualization of saying, OK, I’m on a river bank. And there’s the water. And there’s the leaves and the trees, and the sun streaming. All of a sudden, it was like a blank slate. Like there were no more thoughts. And all of a sudden the visualization of where I was just was gone.

**Hayes:** OK. So you’re saying, actually, in the first little part, you were able to put, I hate that I’m here alone, on a leaf.

**Sally:** Oh yeah. Oh, no, I absolutely put it on a leaf. And then within a couple moments, it was like to turn off the camera. You know, it’s like turning off the movie projector. It’s like, the river’s gone. Everything’s gone. It’s just, wow, and then I was like, OK, I’m not on that riverbank anymore. Raise a finger. Like, where did it go?

**Hayes:** That’s very nice. Well it’s probably not by accident that this thought was not too far from the one that we started with. It’s not too far from it. You know, I hate that I’m alone. I don’t know how many steps away it is, but if it’s in the general territory, even, of the aloneness that comes from not being wanted. And the fears that are associated with that. That’s it’s because you deserve it, or you’re wrong, and you’re done something, and all of that. Yeah.

**Hayes:** So that this is a particular sticky thought. This is the one that has some pain associated with it. Aloneness.

**Sally:** Mm, hm.

**Hayes:** OK. So that’s another one. And the move that you have, and this is pretty cool that this came up just this way. Because I think it really shows something. Because earlier on this session, it’s almost like you were saying, the fact I don’t have the thought means that it’s not pushing me around. Like when I pushed it away, that it’s not pushing
me around.

But I’m guessing right in here, because this was an evaluative thought that might even have some pain associated with it, all alone. Not too far from some things we’re talking about. That this sort of deal of push it away happened. And the whole thing blanked.

But what I’m trying to get to is this. Just like we were saying before, you know, if you don’t buy it, and you simply have it, then there’s nothing you have to do about it. But if you buy it, and then try to get rid of it, you actually now have—there’s costs that will come from that little instant in which you bought it. And I’m wondering, is there something in here—would it be fair to say that you bought this thought? Or the emotion?

Or it could be a second thought that followed it we don’t have on the table yet? And right before you blank out, that in a way, you’re taking this talk to mean not something more than I just had another thought.

**Sally:** That thought felt less like a thought, and more like a feeling. It was the I hate that I’m here alone. Like that sense of, this is the kind of experience that should be shared. I should have somebody here watching the sunset, and hearing the birds. Ta-da-da-da-da.

**Hayes:** Very nice.

**Sally:** So it was less of a thought, and more of acknowledging a feeling. But the feeling being verbalized, it was a thought to write down.

**Hayes:** Yeah. OK. So what we’re trying to do here is just like, this is like taking two things that are very similar, like having two weights and we’re trying to just do them at the same time, so that we can feel that there’s a subtle difference. Can you notice that there’s a very subtle difference between what you’re doing when those thoughts are just floating by, and when they jump over here, and it’s gone.

I mean the metaphor of the flow has gone. The point at which you’re just looking at your thoughts, it can flow. The point at which you’re looking from your thoughts, or that you’ve brought into the feelings, or that you’re trying to avoid the feelings, or brushing away the feelings, were no longer able to be present, just noticing them.
Sally: And the interesting part is, that the first series were observations. They were simply experiential observations. And the first thought that I had that was from within a feeling.

Hayes: Yeah. And they contain an evaluation. I hate it. There was an emotion that it’s also connected to a verbal evaluation. OK. Very nice. This is something that we can practice. And I’ll actually give you like a tape that you can use at home.

And just, it’s not that, I haven’t met anybody who go—frankly, myself, three or four minutes is like my max. I mean that thing does not flow.

Sally: I was like, what am I thinking? I was like, wow, this is really nice. Oh, that’s a thought. Oh look, there’s the sun on the water. Oh, that’s a thought. I can write that down. But there were definitely short stretches where I wasn’t thinking about anything. Like wow, do I just not have thoughts?

Hayes: That’s OK. Well, at the point of which you think I’m not thinking anything, guess what?

Sally: That is a thought.

Hayes: You betcha. Absolutely. So when I say, I can go three or four minutes letting it flow. But that’s about it, for myself. And over time, maybe we can extend it a little bit. But that’s not what the purpose of this exercise is.

The purpose of it, is to notice how thoughts go from here to here. And what the difference is. Because when you have a thought like, I’m not wanted, if we can sort of just let it be there, it’s going to have a very different role in your life.

And if it’s like, I’ve got to get this away, because there’s some ways to keep that away, but oh, by the way, they include things like, don’t make those calls. They include things that put you on a path in which you are alone. You can’t afford to let people get close to you, because you’ve already bought that idea, I’m not wanted. Right inside the move of pushing that away. You following what I’m saying?

Sally: Mm, hm. I think so.

Hayes: OK. So we can sort of practice that. So that when really
difficult ones shows up, we have some skill here, of being able to just be mindful of the thoughts. To sort of notice them, accept them, see them as thoughts.

**Commentary:** Let’s look at another exercise that will help the client get in touch with thoughts as they are, versus thoughts as they say they are. This next is called the physicalizing exercise. And it takes advantage of the common sense fact that when we look at objects in the external environment, it would just never occur to us to have that particular set of characteristics of the object mean something about us as an observer of it.

**It’s worth noticing how this process works. And how it begins to sort of open up the flow of experience for this client. Including, some of the emotional experiences that emerge in the process of going through it.**

**Hayes:** I’d like to do another sort exercise here. And I want to get into a little bit of where some of the power of these thoughts comes from. So I’m going to take as a core thought, this thought of I’m not wanted. OK? And the feelings that come up associated with that. This is another eyes closed one.

It will take around 10, 15 minutes, or so. Are you willing to do another one?

**Sally:** Mm, hm. OK. Why don’t you get comfortable. And close your eyes and just take a moment to get with the fact that you’re here now. Several minutes later from the last time we were doing this. But you’re here.

And notice that there’s a part of you aware of being here. See if you can be aware of the fact that your heart is beating and there’s blood moving through your body. You might be able to feel it in your arms and hands, or in your neck or your legs. Just notice that your circulation system’s working.

See if you can notice the sounds that are in this room. And then notice that you’re noticing. Then I want you to go and get in touch with that thought, I’m not wanted. And the feelings that are associated with that thought. OK? Let me know just by a nod that you’re in touch with
that. OK. Good.

And I want you, metaphorically, to go and get in touch with that, and actually put it out here as if it's two or three feet in front of you, out on the floor. That just sort of imagine putting it out there. Not to get rid of it, we’re going to take it back later, but just so that you can look at it. Of this thought and the feelings that go with it.

And then I’m going to ask you a few questions about it. And even though these are going to be odd questions, I just want to allow whatever answer shows up to show up. Don’t try to figure it out. Just whatever comes to mind. So if this were to have a shape out here, what shape would it have? You can tell me what it is, but stay with the experience and keep it very short. If we get in a conversation you’ll lose it. Stay with the experience of it being out there. What do you see?

Sally: The shape of that Post-It note.

Hayes: Post-It note. OK.

Sally: It’s in my pocket.

Hayes: Good. And if it were to have a color, what color what it be?

Sally: White.

Hayes: And so just notice that out there. And allow this to be so, as you find your mind giving it form. If we’re going to have a size, how big is it?

Sally: About 8 inches square.

Hayes: OK. If we were to have speed, how fast does it go?

Sally: Slow, sort of floating.

Hayes: OK. If it were to have power, how much power does it have?

Sally: The power of gravity.

Hayes: OK. And if it were to have weight, how much does it weigh?

Sally: Bounces back and forth between nothing and a ton.

Hayes: OK. If it had the power to push you around, how much power does it have?
Sally: Not much.

Hayes: OK. Now is there anything in here, in this white, 8 inch Post-It note that you can’t have?

Sally: I don’t understand.

Hayes: Is this your enemy?

Sally: No.

Hayes: What do you feel towards it? Do you have any feelings towards it?

Sally: No. I’m watching it.

Hayes: OK. Are you willing to let it be there?

Sally: Yeah.

Hayes: Let me ask you this question. Is this white Post-It note worth changing your life, and especially in the area of deflecting your actual behavior from things that you care about, that you value?

Sally: Yes.

Hayes: What are you doing? Go inside that experience of somehow this thing is getting power in that answer. It’s deflecting you from things you care about. Is that what you’re saying?

Sally: No. No. You asked me to take the thought, the I’m unwanted thought, and the feelings that are associated with it, and put it on this thing. And I feel like I’m somehow separated, momentarily, from this thing and I’m just looking at this.

Hayes: Yes.

Sally: And in that I don’t know how to answer the last question.

Hayes: Well I was just asking, is there’s anything in there that’s worth allowing it, is there anything in there that is worth allowing it to alter your behavior? Or is this something that you could just carry with you? Maybe I misunderstood your answer.

So just look at this thing, out here. In the past, it’s been running your life in certain areas. Can you agree on that?
Sally: Yes.

Hayes: OK. Now actually look directly at it, metaphorically, by looking at it in this physical form. Is this something that demands you giving it that kind of power?

Sally: No.

Hayes: OK. Is there anything in there you can’t have exactly like it is? Is there anything you have to get rid of, or change, or make go away before it’s OK to have, as part of your experience, something just like that?

Sally: No. It is what it is.

Hayes: OK. Very much. OK, so psychologically, then in our mind’s eye. I’m going to take this Post-It note back. And just like I did earlier, with writing out that thought, literally on a Post-It note, we’re going to take that, and we’re going to put it, psychologically, in your back pocket. But I want you to stay with this thing that you just said at the end.

This is not something that is worth allowing to run your life. This is something you can just have. And sort of, we’ll bring it out, we’ll bring it back up here, is there any resistance to bringing it back?

Sally: A little. It shouldn’t be. But I kind of like the idea of having it floating out there.

Hayes: Ah, OK.

Sally: I mean, I’m still seeing it. I’m still acknowledging it. But I kind of like that there’s space—that we’ve created space between it and me. So yeah, a little bit of resistance.

Hayes: OK. So then we have to do something else, here. Let’s move that Post-It note to the left. We’re going to bring it back a little later.

Sally: OK.

Hayes: And I want you to go and get in touch with that resistance. Can you find it?

Sally: Mm, hm.

Hayes: OK. And inside that resistance is that sort of thing of, I don’t
want this thing getting that close to me, et cetera. OK?

Sally: Mm, hm.

Hayes: And I want you to put the resistance out here in front of you.

Sally: Mm, hm.

Hayes: Just a couple feet out in front of you. We’re going to take it back, too. Later. But for just now, it’s out here in front of you. And just look at that resistance. The feelings that it—and I’m going to ask some questions about it.

If this resistance were to have a shape, what shape would it have?

Sally: It’s amoeba like.

Hayes: OK. If it were to have a color, what color would it be?

Sally: It’s pink.

Hayes: OK. And if it were to have a speed, how fast would it go?

Sally: It’s also pretty slow. It’s thick.

Hayes: OK. If there were to have weight, how much would it weigh?

Sally: Like, it’s like it was a big ball of Play-Doh kind of weight.

Hayes: OK. If it were to have power, how much power does it have?

Sally: Doesn’t feel like power, so much as a bit of rigidity. And inflexibility.

Hayes: OK.

Sally: Which is interesting, considering I still see it amoeba-like which would suggest flexibility.

Hayes: If we were to have size, how big is it?

Sally: About two feet.

Hayes: OK. Now looking at this, let me ask you the same question. Is there anything in this pink amoeba about two feet wide, or whatever, that you can’t have exactly as it is?

Sally: No.

Hayes: OK. And is it worth allowing that experience to drive your
life, if it drives in a direction that takes you away from what you really value?

Sally: No.

Hayes: OK. And so, would you be willing to carry it as it is? To have it be just like that? Is this your enemy?

Sally: No, it’s not my enemy.

Hayes: OK. So just allow that resistance to sort of be out there in that shape. It doesn’t mean what it says it means. It’s just an experience. And with that out there on the floor in front of you, I want you to glance over at the first one, the Post-It note. Is there anything different about it?

Sally: It’s smaller.

Hayes: OK. Very nice. Now we’re going to take them all back. We’ll take the resistance back. You’re OK having that back?

Sally: Yeah.

Hayes: OK. Just an experience. And we’ll take the Post-It note back. Are you’re willing to do that?

Sally: Yeah.

Hayes: OK. And in doing that, see if you can sort of connect with this possibility. It really is OK to be me. It really is OK to have my experiences, my own experiences are not my enemy. So as you take them back, I want you to take them back kind of the way you’d take back, oh, the way you’d like hug a child. Even if they’re dirty, and they’re playing in the mud, or something. Like they’re welcomed to come back. Are you with me on this?

Sally: Mm, hm.

Hayes: OK. And when you get them all back inside, with that commitment really to carry them as they are, picture the room that we’re in. Just for fun, you might try to remember what color this rug is that you have your feet on. And when you’re ready to come back, just open your eyes. Yeah. Anything you noticed in that experience?

Sally: That I was willing to take them back until you said, hug it like a
child coming in from play. I was like, it’s one thing to take it back. It’s another think to like, fully embrace it with a hug. Wow! A little too much.

**Hayes:** It may have gotten ahead of you. Well we’re kind of like holding these things very gently. You know, the temptation, because of evaluation and what your mind does. And that we’re just so rough on ourselves. And it really is. Because you don’t know how not to have those things.

**Sally:** I like the visualization of just having it folded in my back pocket. That’s different than hugging it.

**Hayes:** Oh, OK. Well there’s kind of holding it, and there’s this carrying it. The other thing worth noticing, though, is you notice that inside the resistance there was something that, held over here, was actually keeping that thing bigger. And when you put it out here it got smaller.

So part of the power of this guy to move you around comes from this one, not that one.

**Sally:** Yeah.

**Hayes:** And that’s something we can do something about. You know, is it OK to notice that resistance as opposed to look at the world from that resistance.

**Commentary:** Essentially, what we’ve been doing here is we’re unpacking how it is that these experiential passengers on the bus of life have come to the point where they are driving the bus, rather than coming along for the ride. In this next segment, we’re going to do a physical metaphor to try to model what it is that I’m asking her to do with her own thoughts, her own experiences. And then, even beyond that, to try to model what life itself is asking her to do. Including some of the most painful memories and experiences that she’s been carrying.

**Hayes:** So as a symbol of that, I’d ask you just to take this sheet.

**Sally:** OK.

**Hayes:** Now don’t do this just by form, do it if you’re willing to do it.
And I’d ask you to carry it for the next week in this way. As a symbol that I can carry my history and the echoes of the past that call these thoughts, as a thought. Not as what it says it is.

Sally: OK.

Hayes: So that doesn’t mean buying into that you’re not wanted, you’re not lovable. People don’t care about you.

Sally: OK.

Hayes: You with me on this?

Sally: Uh, huh. I think so.

Hayes: OK. In fact, by carrying it, it’s kind of like a symbol. It’s OK to be you, with that history. Not that you would have wanted that history. If you could rewrite history, of course, you’d write it without it. It’s kind of like all the passengers get to come along.

Sally: All right, kids, we’re going for a ride.

Hayes: We’re going for a ride. Awesome. Cool.

Sally: It’s in my pocket.

Commentary: In this DVD, we were being relatively technique focused for training purposes. And there are scores of additional defusion techniques that ACT therapists around the world have developed. More are constantly being developed, because once you see the principles involved, you can readily create new ones yourself.

But I do want to caution about defusion techniques as distinct from the more natural creation of a diffused space that occurs in ACT, and that you’ll see on the other DVDs in this series. There is a playful place where you can go with defusion, as you learn to watch your mind in flight. And timed correctly, these methods can be powerful. Therapists sometimes have their clients sing their thoughts. Or say them out loud in the voice of a puppet, or cartoon show. Or to see them as pop up ads on a computer screen.

But it’s important that you understand, in using such techniques, that we are not trying to ridicule or belittle negative thoughts. And, in fact, defusion applies as much to thoughts like I’m a good boy, as
I’m a bad boy or girl. This is a process. This is not a matter of picking and choosing the particular thoughts, with the usual but largely unhelpful agenda of getting rid of negative reactions.

Defusion is a process about getting a little separation between the conscious person and their thoughts. So that there’s more flexibility in how we interact with the products of the human mind. All of them. But in particular, those that are self referential. Or that tell us how to go about living our own lives.

The human mind is a wonderful thing for problem solving. But our own histories and our own insides are not a problem to be solved. A human life is not a problem to be solved. A human life is an unfolding process to be experienced.

And defusion helps create a gap into which human beings, with their behaviors and their values, interacting more flexibly with their history in their current situations can create their life. That is the set to bring to what you’ve been learning in this DVD.
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Featured Therapists: Rainer F. Sonntag
Editor: Steven C. Hayes, Jennifer L. Boulanger, Jennifer C. Plumb
Videography: Stuart Sweetow
Video Editing: Mitch Silver, Audio Visual Consultants
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About the Contributors

VIDEO PARTICIPANTS

Steven C. Hayes, PhD, is Nevada Foundation Professor at the Department of Psychology at the University of Nevada. He is the founder of the ACT model, and author of 35 books and over 500 scientific articles. Hayes has received numerous awards and accolades for his contributions to field, including the Lifetime Achievement Award from the Association for Behavioral and Cognitive Therapies.

Rainer Sonntag, MD, is a German psychiatrist who practices, teaches and writes about Acceptance and Commitment Therapy in Germany.

MANUAL AUTHOR

Katie Read, MFT, is a writer for Psychotherapy.net as well as a psychotherapist in private practice in Roseville, CA. She works with individuals, couples, and families and focuses on helping moms and couples through the transition to new parenthood. You can learn more about her practice at www.katiereadtherapy.com.
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Experts
Aaron Beck  Hanna Levenson
Judith Beck  Marsha Linehan
Insoo Kim Berg  Rollo May
James Bugental  Monica McGoldrick
Cathy Cole  Donald Meichenbaum
Albert Ellis  Salvador Minuchin
Kenneth Hardy  William Miller
Steven Hayes  Jacob & Zerka Moreno
James Hillman  John Norcross
Kay Jamison  Violet Oaklander
Sue Johnson  Erving Polster
Jon Kabat-Zinn  Carl Rogers
Otto Kernberg  Martin Seligman
Arnold Lazarus  Reid Wilson
Peter Levine  Irvin Yalom
…..and more

**Therapeutic Issues**

ADD/ADHD  Happiness
Addiction  Healthcare/Medical
Anger Management  Infertility
Alcoholism  Intellectualizing
Anxiety  Law & Ethics
Beginning Therapists  Parenting
Child Abuse  Personality Disorders
Culture & Diversity  Practice Management
Death & Dying  PTSD
Depression  Relationships
Dissociation  Sexuality
Divorce  Suicidality
Domestic Violence  Trauma
Eating Disorders  Weight Management
Grief/Loss

**Population**

Adolescents  Latino/Hispanic
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