

# Introducing Acceptance and Willingness



Sonja Batten, Ph.D.

## Internal Control as Part of the Problem



The strategies they've been trying may have been getting them deeper in their own hole

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So, in the previous session or sessions, you have introduced the concept of internal control as part of the problem that has been maintaining the client's posttraumatic symptoms and life problems.

Hopefully, the client was able to connect with the concept that it's not that they haven't worked hard enough to address their problems or try to get better but that the strategies that they've been trying may have been getting them deeper in their own hole.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



**Introduce an alternative to the way they've  
approached their difficult content and  
experiences**

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So, assuming they've connected with the concept of control or avoidance or some related construct that you and the client have phrased in another way, then it can be time to begin to introduce what might be the alternative to the way that they've been approaching their difficult content and experiences.

If control and avoidance are largely ineffective strategies implemented in efforts to change, decrease, or remove unwanted private experiences, then the ACT therapist needs to be able to provide potential alternatives for the client to practice when such feelings, thoughts, and memories arise.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Primary Alternative to Control: Willingness or Acceptance

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Open up and experience the full range  
of private experiences

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



Within ACT, the primary alternative to control is described as willingness or acceptance, which shouldn't be surprising given that the word acceptance is in the name of the therapy. When we use the term willingness, we're describing a process in which an individual can choose to open up and experience the full range of private experiences without having to change or defend against them.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## The Heart of ACT



Willing to experience  
whatever private events  
arise



Moving forward with  
life more successfully



Facing all private events  
with openness and  
willingness

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The heart of ACT involves repeatedly working with the client to be willing to experience whatever private events, like thoughts, feelings, memories, etc., arise in the service of being able to move forward with life more successfully. And when we're talking about trauma treatment, this, of course, does include being open and willing to experience private events related to the trauma itself, but it's much broader than that. All private events are there to be faced with openness and willingness.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Key Points

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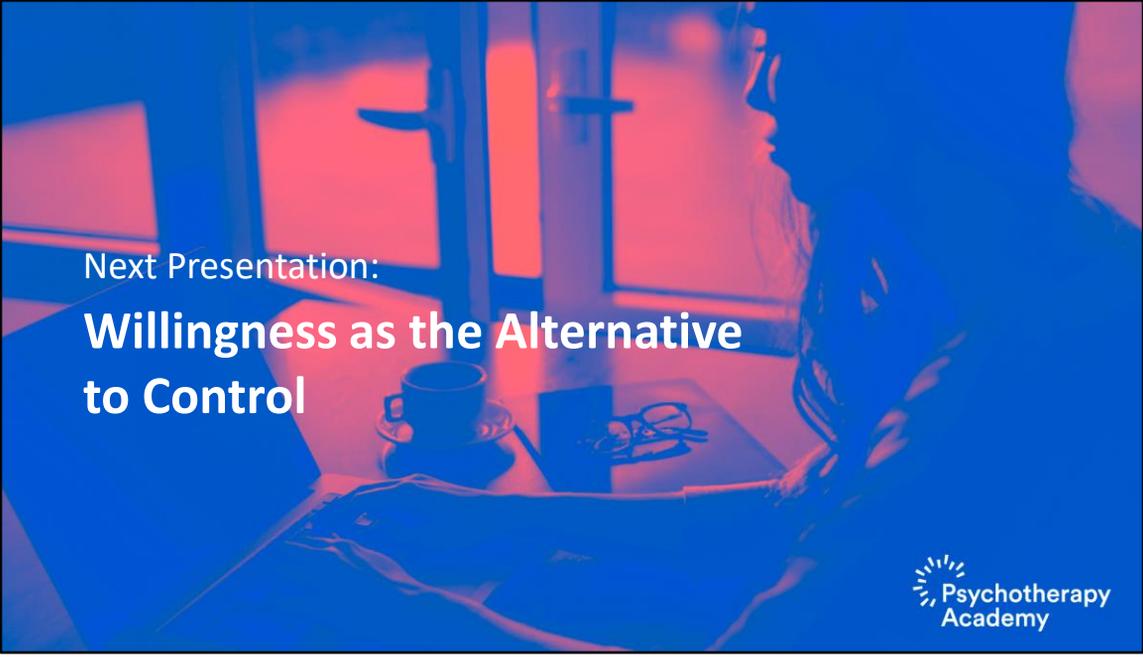
- After identifying control as part of the problem, the client will be curious as to what alternative the therapist might have.
- This primary alternative is referred to as willingness or acceptance.
- Acceptance means opening up and being willing to experience whatever private events naturally arise.



So, some key points. After the focus on identifying control as part of the problem that has led to suffering, the client will likely be curious as to what alternative the therapist might have in mind.

Within ACT, this primary alternative is generally referred to as willingness or acceptance.

This means working with the client to open up and be willing to experience whatever private events naturally arise whether related to the client's history of trauma or not.



Next Presentation:

## **Willingness as the Alternative to Control**

 Psychotherapy  
Academy

## Willingness as the Alternative to Control



Sonja Batten, Ph.D.

Willingness is seen as a process in which an individual can choose to open up and experience the full range of private experiences without having to change or defend against them. It sounds simple enough. But what actually is willingness? Well, let's talk some about what willingness is and what it isn't.

## Willingness Isn't Wanting Those Experiences



Physical therapy  
can be painful



Those experiences are  
part of your recovery



They move  
you forward

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So, first of all, to be willing to have difficult thoughts and feelings is not the same as wanting those experiences.

If you've ever gone to physical therapy, for example, you know that some parts of physical therapy are actually pretty painful or don't feel very good. So you may not want those parts of physical therapy that don't feel good or that hurt for a day afterward, but you may be willing to have those experiences as part of your recovery or rehabilitation process because you understand that it is going to move you forward with respect to your health and well-being.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Willingness Isn't Indulging in a Given Experience



Willingness to have the experience of sadness



But not trying to maintain those feelings

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Willingness is also not just because you're willing to have something, you're not necessarily indulging or attempting to hold on to any given experience. So, just because you're willing to have the experience of sadness, it doesn't mean after a breakup, maybe, it doesn't mean that you sit there and surround yourself with reminders of the lost relationship and try to maintain those feelings of sadness. You're willing to have them when they show up, but you're not trying to keep them going or hold on to them in some way.

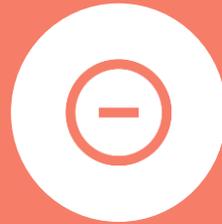
### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Willingness Is Different From Tolerating



- Openness
- A lack of defense



Evaluating it in a negative way

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It also has a different quality from tolerating or putting up with experiences or being resigned to those experiences. So when we say you need to be willing to have the pain and discomfort that comes with growth, it's not about "Oh, okay. Fine. I'll have it." That's not what we're talking about with willingness. We're talking about an openness, a lack of defense. Not sort of being resigned to it in a difficult way where you're still evaluating it and judging it in a negative way, and yet sort of "I guess I'm willing to have that." That's not what we're talking about.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Willingness Isn't Tolerating Difficulties That You Can Do Something About



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And we're also not talking about sort of tolerating or putting up with actual difficulties in life that you can do something about. If there's something that the client can do to change the circumstance, we're very much in favor of that. So, if there are things that can be controlled, then committed action is the appropriate response. It's when the situation or the internal experience cannot be changed that willingness is the move to make.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



## Willingness Isn't Wallowing in Difficult Content

There is life worth living on the  
other side of the swamp

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It's also not the same as wallowing around in difficult content. We talked about the swamp metaphor before. It's not just going into the swamp and then plunking down and sort of wallowing around in the swamp and getting in touch with the swamp. The therapist helps the client who's in the swamp look up and see that there is life worth living on the other side of the swamp and that they can move through the swamp together.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



## You can't do willingness part-way

The mind is tricky

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And willingness is not something that you can only do part way. You can't say, "Well, I'm willing to feel anxiety up until a certain point, but once it gets to this point like, "I'm willing to have anxiety up until a rating of 80 subjective units of distress, but once it's beyond 80, I can't be willing to have that." Well, the mind is a tricky thing. You know, even our own minds are not necessarily our friends when it comes to this sort of thing.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Example: A Crying Child



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It's sort of like if you have a small child that you've ever taken to the grocery store and the child is tired and wants a candy bar. And you're standing in the long checkout line and they want the candy bar and they tell you so. And you tell them no and they start crying. And you think to yourself, "Okay. I know I'm not supposed to reinforce this. I'm going to just let the child cry and not worry about it." And so the child starts crying and crying.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Example: A Crying Child



“If it goes beyond 80%,  
I’m going to give in”

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And you think to yourself, “Okay. Well, people are starting to look. I mean, I can take this if he gets up to like 80% of a tantrum. But if it goes beyond that, I’m going to have to give in and give him the candy bar because people are looking at me like I’m a terrible parent.” And so the child starts crying and crying...

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

“What if the child knew that all they had to do was get above that 80% mark of tantruming?”

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Well, what if the child knew that all they had to do was get above that 80% mark of tantruming? What do you think they would do?

Absolutely, they'd get up to 81%, 82% just to get that candy bar. And we would argue in ACT, that our minds sort of function in that same way...

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## You Can't Keep a Secret From Your Mind



“I’m willing to have this anxiety, but only up to a certain point”



Your mind knows it

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I mean, our minds are not our friends and you can't keep a secret from your own mind. So, if you think to yourself, “Okay, I’m willing to have this anxiety, but only up to a certain point. And once it gets beyond that point, though, I’m going to have to do something. I’m going to have to distract myself, take a drink, etc.”

Well, if you're making those sorts of bargains with yourself, your mind knows it. And what do you think is going to happen? The same thing as that tantruming child—just with your own anxiety or whatever the private experience is that you're trying to practice willingness with and setting limits on.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## You're Willing to Have It or You're Not

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Jumping: There's no halfway about it

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So really, it's all or nothing. Either you're willing to have it or you're not and you make that choice. It's sort of like jumping. There's no halfway in jumping. Like if I put a piece of paper on the floor and I said, "Can you jump off of this piece of paper?" there are just a few things that you do. Maybe you bend your knees, you launch yourself into space, and you wait until you come down. That's what there is to jumping.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



There's no halfway about it. It may seem like there's a halfway when you're just talking about jumping off a piece of paper. Maybe it seems like you can just sort of gently step off. But it becomes harder to do that in a halfway manner as the jump gets bigger.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Jumping and Willingness



You have to be willing to do it 100%

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



So then, if I put a chair in front of you and I said, “Jump off this chair,” again, it’s the same motions. It’s bend your knees, launch yourself into space, and wait until you come down. That’s jumping. And it gets harder to sort of put your toe down from a chair. But it’s also the same thing if I said to jump off a building. You bend your knees, you launch yourself into space, and you come down. And it’s the same thing as willingness. There are a few sort of steps to it. And as you do it, you have to be willing to do it 100%, no matter what size the jump is.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## You Can Set Limits on Willingness



Based on time



Based on situation



Not based on level  
of intensity of the  
experience

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Now, you can set limits on it. You can say, “I’m willing to be present with this experience for 5 minutes or 1 minute or 5 seconds.” You can put limits on it based on time or based on situation. But what you can’t do is put limits on it based on level of intensity of the experience because again, then you get to that tantruming child example where if you’re putting limits on it based on intensity, you’re going to end up in a loop that just makes it more likely that you’re going to have that intensity, and you’re going to have a reason to avoid and not be practicing willingness truly.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Willingness Can't Be Used to Control Thoughts and Feelings



They have an experience with panic or anxiety



They're willing to be willing



The anxiety goes down or goes away

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And willingness can't be used to control thoughts and feelings. So sometimes, people have a paradoxical experience when they first practice willingness. Like maybe they have an experience with panic or anxiety where you've been working on practicing willingness and they start to feel that panicky feeling and the anxiety shows up and they truly open up. They jump.

They're willing to be willing. And the anxiety actually goes down or goes away. And they've never had that experience before.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Willingness Can't Be Used to Control Thoughts and Feelings



“So if I’m willing to have the panic, the panic will go away”



It doesn't work that way all the time

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And so their mind automatically tries to give them a rule about “Okay, so if I’m willing to have the panic, the panic will go away.” And so the next time when the panic symptoms start to happen, they say, “Okay, I’m willing to have it because I know it will go away.” Well, chances are it’s not going to work that way all the time...

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



And so if you're willing to have something in order for it to go away, that's not willingness. Again, that's avoidance or control.

So willingness can't be used to control thoughts and feelings even though sometimes, when you are willing, it may change the quality of the experience, and maybe it becomes less aversive. But if you use willingness as a tool to make something go away, change, be less aversive, then you're not actually practicing willingness.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Willingness: An Act That Involves Not Acting

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Just allowing yourself to be present with what's there

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And sometimes, it's an act that involves not acting. I mean, sometimes, what willingness is, is being willing to just sit with something. And sometimes, we get so focused on what's the action, what's the activity that I need to do. But in this case, a lot of times, willingness is doing nothing and just allowing yourself to be present with what's there.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



## Willingness Isn't Approval or Forgiveness

When we work with trauma survivors, we're:



Working with the client to accept their history



Not saying what happened to them is okay

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It's not approval or forgiveness. When we work with trauma survivors, oftentimes, something has been done to them or happened to them, and we start talking about being willing to have what's there. We're not communicating that they should want what happened to them to have happened or that it's okay that what happened happened. We're not talking about willingness as a way of signifying that they approve of what happened or that they forgive the person. It's about working with the client to accept their history; that it happened. We're working on acceptance of what happened but not saying that what happened to them is okay.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## The Heart of ACT



Willing to experience whatever private events arise



Being able to more successfully move forward with life

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So, the heart of ACT involves repeatedly working with the client to be willing to experience whatever private events arise in the service of being able to more successfully move forward with life. It entails a posture and a way of responding to one's own internal experiences that is open, undefended, and flexible.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Moving Toward Willingness



Can be scary for clients with a difficult history



Is a choice that only the client can make

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



And these messages of moving toward willingness can be very scary or difficult to contemplate—especially for a client who has had a really difficult history or who has very intense private experiences. So it's important that the therapist remind the client that this is a choice that only the client can make. Over time, the client's life will provide the data to indicate whether or not a willing approach facilitates more effective living.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Key Points

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- Willingness involves opening up to whatever private experiences are present without trying to reduce or change them.
- Willingness is not the same as tolerating, putting up with, or being resigned to those experiences.
- The process of applying willingness can only be learned through experience and practice.



So, some key points. Willingness involves opening up to whatever private experiences are present for the person—thoughts, feelings, memories, bodily sensations, whatever—without trying to reduce or change them. However, willingness is not the same as tolerating, putting up with, or being resigned to those experiences. And even when a person conceptually understands the concept of willingness, the actual process of applying willingness can only be learned through experience and practice.



Next Presentation:

## **Practicing Willingness and Acceptance**

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## Practicing Willingness and Acceptance



Sonja Batten, Ph.D.

So, you've introduced the concept of willingness and acceptance. But my guess is that it's probably still not entirely clear to your client what it is that you mean when you say "being willing." So, I might start with a metaphor with the client next.

So I understand that I've been talking about this term willingness and talking about acceptance, but I know it may not be entirely clear what it is I've been referring to, like what you're actually supposed to do.

## Words Don't Do the Action Justice



E.g., how to  
hit a baseball

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So you know, it's sort of one of these things where it's hard to describe in words—like words don't do the action justice.

It's like if I were trying to teach you how to hit a baseball, for example. I might say, "Stand with your body perpendicular to the ball. Square your hips, bend your knees. Hold your bat like so. Pull your arms back and keep your eye on the ball. And when it crosses your field of vision, swing and make contact with the ball." And I could go into way more detail than that. I could give lots and lots of verbal details about how to hit a baseball.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## How Do You Learn How to Hit a Baseball?



By trying to take the instruction and turn it into physical actions



By doing it over and over

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And you know what? How do you actually learn how to hit a baseball? By hitting a baseball and by doing it badly. And by trying to take the instruction and turning it into physical actions. But over time, really, the way that you're going to learn how to hit a baseball is by doing it over and over.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Metaphors: Examples of Other Activities



Riding a bicycle



Kicking a soccer ball



Driving a car



Cooking

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So, I might give that metaphor. Or in your culture or your corner of the world, there may be another activity that would be a better example to use. Maybe baseball doesn't work. Maybe it's learning how to ride a bicycle, or kick a soccer ball, or drive a car, or some other sort of sport or activity. It could even be cooking the perfect, you know, whatever the specific food is in your culture.

Pick an activity that can only be learned by experience and then you can create your own metaphor.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## The Learning to Hit a Baseball Metaphor



Willingness is difficult to directly instruct



Practice what acceptance is through exercises



This works best initially with low- to moderate-intensity private events

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And so as I just mentioned using the learning to hit a baseball metaphor, the application of willingness is difficult to directly instruct. So instead, it can be useful, once you've suggested the importance of experiential learning, to practice what acceptance is through some exercises. And often, this works best initially with low- to moderate-intensity private events because you're trying to demonstrate the action without overwhelming the client and distracting them from the point of the exercise.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



## An Exercise to Introduce Willingness

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So, here's an exercise that I find can be a useful way to introduce this concept, and what it is that we're asking somebody to do with willingness and what it isn't. I might say something like this, "So I know that I've been saying that there's an alternative to the struggle and proposing that it might be this thing I'm calling willingness. But I'm guessing it may not be entirely clear yet what I mean when I say that. So, I wonder if you'd be willing to do an exercise with me so that I can demonstrate what I'm talking about."

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



“Write down the types of thoughts, feelings, and bodily sensations that come up when you start to feel that high anxiety”

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And so if the client agrees, then you can have next to you, a stack of notecards or pieces of paper. So I'd go on. "What I've got here is a stack of these small notecards. And what I'd like for us to do, for a few minutes, is to write down the types of thoughts, feelings, and bodily sensations that come up when you start to feel that high anxiety." So again, this is for a client where anxiety is the issue, but the content could be whatever is relevant to that person.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



Write individual items  
on each notecard



Ask the client if they'd be  
willing to try relating to the  
cards in different ways

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And so the therapist and the client spend several minutes writing individual items on each notecard, like difficulty breathing or knot in my stomach or panic or “I can’t take this any longer.”

So, then you’d go on. “So now, we’ve got this stack of cards and on each of them, we’ve written something that shows up for you alongside the anxiety that you’ve generally tried to struggle against and get rid of. Is that right?” And see how the person responds to what you have written on those notecards. So then, after creating that stack of personalized cards together, the therapist asks the client if she’d be willing to try relating to the cards in some different ways, just to see what it’s like.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

The infographic is set against a dark purple background and contains four white circular icons, each with a corresponding text box to its right:

- Icon 1:** A stack of three cards. **Text:** Explain that you'll be tossing these cards in the client's direction
- Icon 2:** A checkmark inside a circle. **Text:** Suggest that the client can choose various ways of responding
- Icon 3:** A hand with fingers spread, as if batting something away. **Text:** E.g., bat the cards away as they come near
- Icon 4:** Two figures sitting on chairs facing each other, with a speech bubble above them. **Text:** Process that for a minute

At the bottom left of the infographic, there is a small line of text: "Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd." At the bottom right, there is the logo for the "Psychotherapy Academy", which consists of a sunburst icon and the text "Psychotherapy Academy".

And the therapist explains that maybe he'll be gently tossing these cards in the client's direction and suggest that the client can choose various ways of responding.

So, for example, he might first suggest that she try to fight these experiences as they show up.

So, he announces the content on each card and carefully tosses them one by one toward her.

And in response, the client uses her arms or hands to bat the cards away as they come near her. So, they go through the stack of cards that way and the client is asked how that experience was for her. And they process that for a minute.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## A Different Mode of Responding



Ask them to ignore or hide from the different experiences



Announce the content on each card as you toss them



Process that for a couple of minutes

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Then they pick up the cards again and the therapist suggests that they try the exercise again, but with a different mode of responding. So, for example, the second time through, the client might be asked to try to ignore or hide from the different experiences by holding her hands up in front of her eyes so that she can't see the card. The therapist then initiates the same process by announcing the content on each card as he carefully tosses them in her direction. So some of the cards bounce off. Other ones may land on her lap and stay there. And the client is again asked to describe her experience and they process that for a couple of minutes.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



Have the client sit openly,  
welcoming whatever  
lands there



Process that  
experience

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And finally, the therapist asks if they can do the exercise 1 more time. This time, the client sits openly with her arms and hands facing up on her lap signifying that she is welcoming whatever lands there, without having to fight it or hide from it or defend against it. And like with the second posture, some of the cards land on her lap while other ones bounce off onto the floor. And then you can process that experience with the client as well.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## How Are the Ways of Responding Different?



Fighting



Avoidance



Openness

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And you know, tell the client that you're curious to hear what they noticed and how are those 3 postures or ways of responding are different.

And it's an opportunity to point out the difference between FIGHT, avoidance or control and then openness and willingness. And you can do a lot more to elaborate on these points.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



Remember that writing the thoughts down allows distance from the information



Give the cards to the client at the end of the session



Give homework to walk around with the cards during the week

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And it's useful to know we'll talk about defusion in the next videos. And you can remember at that point that writing the thoughts down on cards allows some distance from the information that the mind is producing. And seeing those things written down as an external entity can allow the client to look at that content rather than through those thoughts. And the therapist can also then physically give the cards to the client at the end of the session and give homework to walk around with the cards during the week, putting them in their pocket or purse or backpack or even under a pillow at night.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



You're walking around  
with the cards all of  
the time



When you touch the  
cards, you can choose  
how to respond

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



And the idea is that you're walking around with these things all of the time. And maybe sometimes, you're aware that they're there. Sometimes, you forget. And then notice what happens when you contact physically, you know, you happen to touch those cards with your hand. Notice what shows up and that you can choose how to respond in that moment as you carry around that content mindfully and still continue to move forward and live life.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Creative Alternatives: Video or Telemental Health



You put the cards up to the camera



The client puts their hands up to the screen

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



And you can come up with some creative alternatives to conducting this exercise if you're practicing therapy through video or telemental health.

So, for example, you can do that whole same process where you go through and you write down the information on cards or pieces of paper.

But then for the first option, I guess the therapist would be putting the cards up to the camera or the video equipment and you can ask the client to put their hands up to the screen to try to cover up the content they don't want to see on their end.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Creative Alternatives: Video or Telemental Health



They could turn around from the screen



They can allow the content to come up on the screen and notice that it's there

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



And for the second option, they could turn around from the screen, close their eyes, and cover their ears.

And for the third option, they can allow the content to come up on the screen and notice that it's there while also looking around the room occasionally or reading something in front of them or writing down some notes.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## Help the Client Notice



When you're focused on fighting or on ignoring



There's very little else that you can do

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



The idea is, whether you're doing this in person or by video, that you want to help the client notice that when you are focused on fighting the content or focusing all of your energy on ignoring or not contacting what the content is that is there, there is very little else that you can do because you have to focus so much of your energy on not being present to what's there.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

## When You Allow the Process to Unfold



You have the flexibility to do other things



You have psychological flexibility, living your life even in the presence of challenging content

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

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Instead, when you actually allow the process to unfold the way that it naturally is, then you actually have the flexibility to do other things: to have a conversation, to read something, to look around, to do some activity. And that's what we're talking about when we're talking about psychological flexibility. It's the ability to be flexible and live your life even in the presence of that challenging content.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

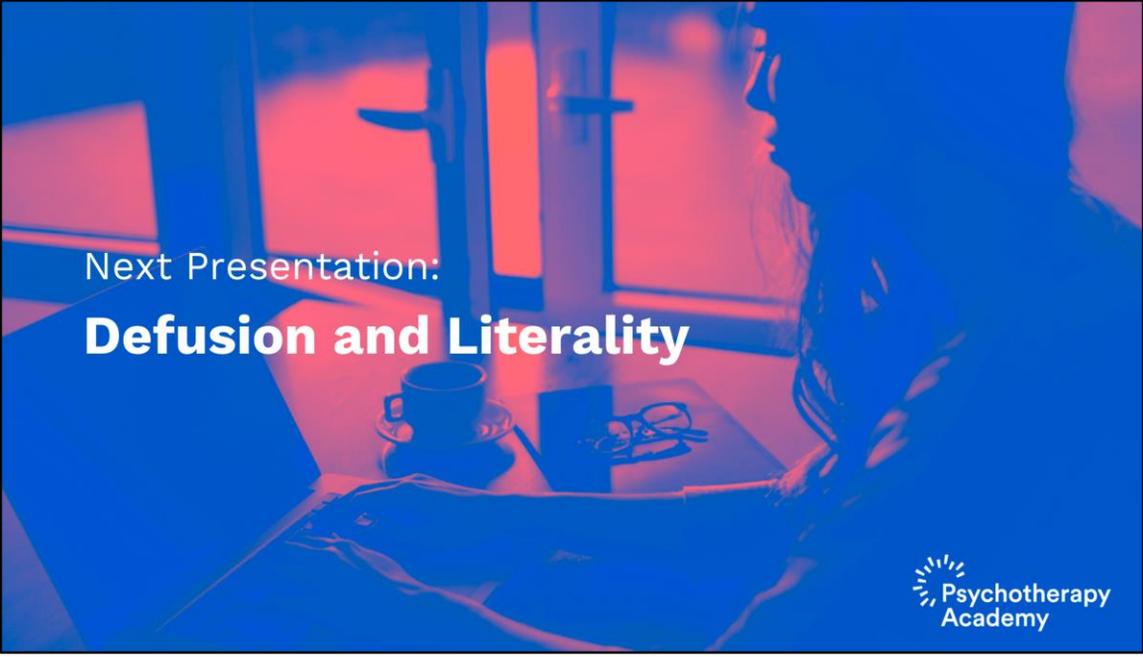
## Key Points

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- Find experiential ways of demonstrating what the process actually is.
- Physical metaphors, using notecards or other visual cues, can provide a useful introduction to various stances of control, avoidance, and willingness.



So, some key points. Once the concept of willingness or acceptance has been introduced, it's useful to find experiential ways of demonstrating what that process actually is rather than just focusing on verbal descriptions. And physical metaphors, using notecards or other visual cues, can provide a useful introduction to various stances of control, avoidance, and willingness.



Next Presentation:

## **Defusion and Literality**

 Psychotherapy  
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## Defusion and Literality



Sonja Batten, Ph.D.

So, in the last video, I introduced the term defusion, but didn't really go into a description of what that is. So what is defusion?

## Effects of Language on Functioning



We don't realize how much of our world is structured around language



We can communicate conceptual ideas



We can plan for the future

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Defusion is a process in ACT that we teach because of the effects of language on our functioning as human beings. What do I mean by that? Well, language is so automatic for verbally capable humans that we generally don't realize how much of our world is structured around it.

Because we have the ability to create verbal symbolic thoughts, we can do amazing things. Because we have the ability to use language, we can communicate with one another about conceptual ideas, about things that haven't happened yet.

We can plan for the future. We can create cities and governments. We can communicate about risk to others so that they can avoid things that they have never directly experienced.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## The Downside to Language: An Example



Dogs and cats  
don't have the same  
problems that we do



They don't compare  
themselves to others



They focus on  
what's there in  
front of them

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



But there's a downside to language as well. If you think about it, our dogs and cats don't have the same problems that we do.

They don't compare themselves to others and say, "Well, Tiger down the street has a much nicer home than I do" or "I wish that I would have that kibble that I had that one time." No.

Our dogs and cats focus on what is there in front of them, in their immediate environment.

And so, although they may seem to have some stress at different times, they're not creating scenarios for themselves in their heads the way that we are, comparing themselves to an idealized future or, you know, imagining things that haven't happened yet.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## The Limits of Language

### Literality

Individuals take the content of their thoughts as literal truths

### Cognitive Fusion

They act in ways that are consistent with that cognitive content

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And within ACT, we suggest that that's because of our ability to use language and that although there are amazing things that happen because of our ability to use language, there are also limits.

And one of those limits is what we call literality.

And literality is a context in which individuals take the content of their thoughts as literal truths and then act in ways that are consistent with that cognitive content.

And that's what we call cognitive fusion.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



So, when we treat the content of our thoughts as true and real, it makes it more likely that our behavior will be similarly arbitrary and automatic as opposed to responding more flexibly to the world around us.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Defusion: Deliteralization



Is any therapeutic process that serves to undermine the problematic dominance of thoughts and verbal content



Gives clients distance from cognitive content



Is universally relevant in ACT to all humans

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So, I'd like to introduce the term defusion. It's also known in some ACT work; you may see it written as deliteralization. And defusion is really any therapeutic process in ACT that serves to undermine that problematic dominance of thoughts and verbal content as opposed to direct experience over behavior.

And defusion helps clients to gain some distance from their cognitive content instead of responding automatically to thoughts as if they are literal truths. And because language and cognitive fusion are, by definition, human phenomena, defusion is a skill that is universally relevant in ACT to all humans.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



“You’ll never get through the swamp”

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And so you can think about the swamp metaphor that I mentioned previously.

And in the swamp metaphor, defusion might look like the person going through the swamp in order to get to the mountain on the other side, but there’s somebody standing on the banks of the swamp calling out annoying comments to the person.

“You’ll never get through the swamp.” “It’s dangerous in there.” “Don’t go in there.” “You’re going to fail just like you always have.” So, that content is coming up.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Practicing Defusion



Notice that that content is there, but don't take it literally



Continue to put 1 foot in front of the other



Increase your ability to stay in the moment

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



If the person were able to practice defusion, they would be able to notice that that content is there, not necessarily take it literally, and continue to put 1 foot in front of the other as they move through the swamp toward what's important.

And defusion is reinforced as clients increase their mindfulness skills and their ability to stay in the moment rather than getting trapped inside verbal content.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## ACT and Defusion



ACT therapists make specific language choices to assist clients with defusion



E.g., talking about what the mind is doing

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Throughout ACT, the therapist also makes specific language choices to assist the client with defusion and simply being aware of his or her own thinking.

So, as you watch ACT-related videos, you may hear some of these funny language choices that ACT therapists use universally.

One of them is talking about what the mind is doing that itself is a defusion technique. So, the person says something that they've been thinking that's a negative thought about themselves or something.

I might say, "Oh, you can thank your mind for that one." Again, that's that irreverence that we've talked about before. I'm not talking about the mind as if there's an actual separate mind. I'm talking about it metaphorically.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



- Point out that this is an arbitrary automatic process
- Bring attention to the process of thinking and languaging

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



But what I'm pointing out is that this is like an arbitrary automatic process that the thinking person is doing. And I'm pointing out that it is a process, as opposed to taking that content literally. And there are several other language conventions that are used to bring attention to the process of thinking and languaging.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Defusion



Clients identify and overtly label thoughts and feelings



The therapist points out when the person is describing thoughts and feelings

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



So, as part of defusion, clients are taught to identify and overtly label when they're having thoughts and feelings rather than automatically buying into those experiences. So, when we're working through defusion, we actually ask the client to spend a session or 2 where we actually sort of in an awkward way, point out when the person is describing thoughts and feelings.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## “I Started Feeling Anxious”



Have them  
restate it



E.g., “I started having  
feelings of anxiety and I  
had the thought that...”

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



So, the person may say, “Yeah, I was going to go to my friend’s party on Saturday, but I started feeling anxious. And I was like, well, they’re not going to even notice that I’m not there. And I just am feeling so fat and I’m just gross right now. So I decided not to go.”

And we would work with the person to slow that down and unpack that and actually have them restate that as, “I had plans to go to the party on Saturday night and I started having feelings of anxiety and I had the thought that nobody would notice if I wasn’t there. And I had the feeling of being fat or I evaluated myself as being fat and I had the feeling of my body feeling gross. And so I made the choice not to go.”

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Defusion



Identify thoughts,  
feelings, and evaluations



Distinguish between  
descriptions and evaluations

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



So again, we're taking those things that seem like they're just an automatic process. We're slowing them down, unpacking them, and identifying what's a thought, what's a feeling, what's an evaluation. And when I talk about evaluation, I'm distinguishing between things that are descriptions and things that are evaluations.

So, in our heads, we have these thoughts and they all seem similar and similarly valid.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Description vs Evaluation



A description is a way of talking about something that most people could agree with



“Brown chair” is a description



“Beautiful chair” is an evaluation; different people can evaluate differently

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And in ACT, we talk about the description as being a way of talking about something that most people could agree with. So for example, I’m sitting in a chair right now. And most people could look at the chair that I’m sitting in and say that’s a brown chair and that’s a chair that’s made of wood. And so those are descriptions of the chair that I’m sitting in.

If somebody wanted to say that’s a beautiful chair or that’s a really boring chair, those are evaluations. Different people can evaluate this chair that I’m sitting in differently.

\*Reference\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

Describing  Evaluating

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And we want to help people start to tease that apart, even in their own thinking, when they're describing something in a way that may be useful or when they're evaluating something in a way that may or may not be useful. And they can choose whether to pay attention to that evaluation or not.

**\*Reference\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

Don't change  
the evaluation

Increase  
mindfulness

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

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We're not trying to change the evaluation. We're just trying to increase the mindfulness of when the person is engaging in the process of evaluation.

**\*Reference\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Replacing the Word “But” with “And”

**BUT**

2 things can't co-exist

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



We also try to work on replacing the word “but” with “and.” And you may have heard me doing that over the course of this course so far. So, the word “but” actually comes from Old English that means “be out.” And what we’re saying when we say “but,” is that 2 things can’t co-exist. So, like “I wanted to go to the party, but I was feeling too anxious.” It’s like “I wanted to go to the party” has to get out because the person is feeling too anxious.

### \*Reference\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



“I wanted to go to the party and I was having the feeling of anxiety”



Both are true



The person can make a choice about how to respond

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Instead, in ACT, what we want to help the person see is that those 2 things can both be true. “I wanted to go to the party and I was having the feeling of anxiety.” Well, those things can both be true. And then the person can make a choice about how to respond, but it’s not because just because the person has the feeling of anxiety that going to the party can’t happen. So, replacing “but” with “and.”

#### \*Reference\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Not trying to change how the person speaks in their daily life



Creating more space between the thinker and their thoughts



Slowing down and recognizing the process of thinking

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And really, all of these things, we're not trying to change how the person speaks in their daily life—although when you're a long time ACT therapist like me, it probably does change how we speak over time. It's about creating a little bit more space between the thinker and their thoughts, and trying to help them slow down and recognize the process of thinking rather than just automatically going along with whatever thoughts happen to automatically pop up.

**\*Reference\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Applying These Techniques to Trauma-Related Content



“I want to trust people, but I always get hurt”



I have the feeling of wanting to trust people and I have the experience of getting hurt.



Adds space for making other choices

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And we can even apply these techniques to trauma-related content. It's not just about anxiety or depression. It can also be about those thoughts and feelings that the person has in response to their trauma.

You know, “I want to trust people, but I get let down every time” or “But I always get hurt

So, I have the feeling of wanting to trust people and I have the experience of frequently getting hurt. Do you hear how that adds a little bit of space, a little bit of flexibility for making other choices rather than simply having to take those thoughts as truth, just because they pop into the client's head?

### \*Reference\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Key Points

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- Symbolic language is a powerful tool that allows us to communicate, categorize, and plan.
- When we take the content of our thoughts literally, this can lead to increased suffering.



So, some key points.

The human ability to use symbolic language is a powerful tool that allows us to communicate and categorize and plan.

And when we begin to take the content of our own thoughts fully literally, to imagine things that haven't happened yet or compare our current lives to other alternatives or replay moments from the past, this context of literality can lead to increased suffering.

## Key Points

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- Defusion techniques and relevant language conventions undermine this context of literality in the service of more effective choices.



By using defusion techniques and relevant language conventions, we can work with our clients to undermine this context of literality in the service of more effective behavior choices.



Next Presentation:

## **Considerations for Working With Defusion**

 Psychotherapy  
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## **Considerations for Working With Defusion**



Sonja Batten, Ph.D.

So now, I'll talk about some specific considerations for working with defusion, especially with trauma survivors.

## Working With Defusion



Don't invalidate  
difficult thoughts



Help the client respond  
differently when those  
thoughts arise

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*.  
New Harbinger Publications.



As you're working with defusion, the ACT therapist is working hard not to invalidate or minimize the difficult thoughts and beliefs that a client holds by reducing them to a series of meaningless sounds, but rather is working to help the client respond differently when those thoughts arise.

This can be distinguished from some approaches within the cognitive or cognitive behavioral therapy traditions that are working more specifically on the content of thoughts.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## ACT: The Goal



Isn't to change  
the content of  
thoughts



To help the individual  
gain more distance  
from those thoughts



To make choices  
based on values  
and workability

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*.  
New Harbinger Publications.



In ACT, the goal is not to change the content of thoughts or replace negative content with more accurate content.

The goal of all of these defusion exercises and language conventions is to help the individual gain more distance from those thoughts so that he or she can make choices based on values and workability in the natural environment rather than based on believing his own thoughts as truth or following inflexible verbal rules.

The ACT therapist works to show clients how to put more space between themselves and their thoughts.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## A Metaphor: Wearing Colored Glasses



- Initially, you noticed they tinged everything blue
- As you went through the day, it ended up being normal

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- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



Think about maybe some time if you've been wearing colored glasses, sunglasses, or something like that. And you've been wearing them for so long that you have actually sort of lost the ability to recognize that the color of your glasses is affecting what you're seeing until after you take them off.

I mean, imagine that you had on some dark blue glasses. And you know, initially, when you put on those blue glasses, you noticed that they tinged everything blue. But as you went through the day, you wore them for so long that what you were seeing ended up just being what you thought was normal.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



- Help them take those glasses off and recognize the impact of looking through them
- Work with the person to take those glasses off and gain that perspective

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- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



And so what we're working on in ACT is helping the person take those blue glasses—which are the thoughts and evaluations that they've been walking through the world, sort of looking at the world through those thoughts and rules and inflexible evaluations—helping them just take those glasses off for a moment and recognize the impact of looking through those lenses.

Now, probably, they're going to put the glasses back on, and that's okay. And we're going to work with the person over and over to take those glasses off and gain that perspective and distance, so they're not seeing everything through the literal content of those thoughts.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## Successful Defusion Processes



Begin placing thoughts in a context of mindful awareness



Be on the lookout for opportunities to practice defusion

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And if defusion processes are successful, the therapist and client will be able to begin placing thoughts in a context of mindful awareness rather than a context in which the content of thoughts are taken as literal truth.

So you want to be on the lookout for opportunities to practice defusion throughout the course of therapy. And defusion can be an appropriate intervention in many circumstances.

There are several types of content, though, that are especially susceptible to cognitive fusion and the resulting psychological inflexibility.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## 6 Key Areas Where Fusion May Occur



Rules



Reasons

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Harris, in *ACT Made Simple*, identified 6 key areas where fusion may be likely to occur.

And so you can look for these specific types of content as places where you might want to practice defusion with the client.

1 is rules. So, rules for how the person should act or how the world is supposed to operate.

Reasons. So, that's like the example that I gave before of "I wanted to go to the party, but I was feeling anxious." So the reason not to go to the party is because of the anxiety. That's a cue anytime you're hearing a reason to take a look and see if that might be a place to practice defusion.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## 6 Key Areas Where Fusion May Occur



Rules



Reasons



Judgments

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Judgments. So, judgments about self or others or the world. Those are places, oftentimes, where defusion can be important, not necessarily to change their mind about the things that they're judging. It's about learning to notice that they are judging and that that is a process.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## 6 Key Areas Where Fusion May Occur



Rules



Reasons



Judgments



The past



The future



Content  
around  
the self

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- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*.  
New Harbinger Publications.

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The next is things in the past. Again, if you find that the person is overly focused on the past rather than the present, or the future rather than the present, again, those are key points where it may be useful to see if defusion could be helpful.

And then content around the self, about how they are conceptualizing themselves. Again, we come up with these stories about who we are and what we're capable of. And it can be really useful to notice that those are stories. They may or may not be true and they may or may not be helpful at any given point.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



## With Trauma Survivors

Avoid invalidation or minimization  
when using defusion techniques

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*.  
New Harbinger Publications.



There's a caveat, though, when working with trauma survivors. Be careful to avoid invalidation or minimization when using defusion techniques around difficult personal content.

You actually can do defusion, even with some of the most personal or painful content.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



## Content Too Sensitive for Defusion?

Don't buy into the idea that some content should be taken more literally

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- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



And if, as the therapist, you decide that certain content is too sensitive to do defusion with, then the therapist is implicitly buying into the idea that some content should be taken more literally than other content. So watch out for that.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## Defusion Related to Traumatic Material



Do this carefully, in the context of a strong therapeutic relationship

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- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



However, if and when the therapist begins to work with the client on defusion related to traumatic material or trauma-related cognitions, you have to do this carefully, sensitively, and in the context of a strong therapeutic relationship.

### \*References\*

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



Defusion is a component of ACT where irreverence, as I introduced early on, can be used very effectively. When irreverence is used well, it can make the work lighter, it can make it liberating, and sometimes, even fun—even when working with challenging content.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## The Therapist Isn't Afraid of the Client's Content



Use the therapeutic relationship to model for the client ways to respond to their content

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- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.



And the work of defusion itself can model the idea that the therapist is not afraid of the client's content, even when it feels terrifying or horrifying to the client. That makes this work another example of using the therapeutic relationship itself to model for the client ways in which he or she can learn to respond to his or her own content.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

## Key Points

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- Defusion distinguishes ACT from more traditional modes of cognitive behavioral therapies.
- The therapist works with the client to change their relationship with difficult thoughts.



So, some key points.

The work of defusion is one of the areas where ACT can be distinguished from more traditional modes of cognitive behavioral therapies.

The therapist works with the client to change the relationship with difficult thoughts rather than changing the content of those thoughts to something more accurate or less negative.

## Key Points

---

- The therapist should be on the lookout for opportunities to model defusion in response to the client's content.



In addition to practicing with specific exercises and metaphors, the therapist should be on the lookout for opportunities to directly model and instruct defusion in response to the client's content in real time in the session, whether related to the traumatic event history or not.



Next Presentation:

**Defusion: Exercises  
and Metaphors**

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# Defusion: Exercises and Metaphors



Sonja Batten, Ph.D.

## The Use of Symbolic Language



- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



As I mentioned before, because of the human capability to use symbolic language, simply bringing up a word can also immediately bring up what we call the stimulus characteristics of the object that's being referenced.

And this can be both good and bad, or more accurately, it can be functional and dysfunctional.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## An Example With a Lemon



- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
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So, let's give a few examples. First of all, imagine that you have a lemon in front of you. And imagine that you actually are holding the lemon. And you can picture just exactly the color of yellow of that lemon, and maybe it has a couple of little spots on it, and you can feel the sensation of that lemon peel, the little sort of holes and ridges in it.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



**Can you imagine what  
that taste is like?**

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And now, imagine that we have a knife and we cut a slice of lemon out of that lemon and you hold it up. Take a deep breath. Can you almost even smell what that lemon smells like?

And imagine if you took that slice of lemon and you put it in your mouth and sucked on it for a second. Can you imagine what that taste is like? Can you almost bring it to mind? Did anybody even maybe salivate a little bit as you imagined that tart lemon going into your mouth?

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



There's no actual lemon here

Some words represent a lemon in your mind

Saliva could be produced in response to that lemon

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

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Well, there's no actual lemon here.

All I did was give some words that reminded and that represent a lemon in your mind and in your experience. But our minds are so good at that symbolic language that I've been talking about that just by mentioning a lemon, you can almost bring it to mind. Could you even imagine a little bit of saliva being produced in your mouth in response to that lemon? And probably, some of you could.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And so imagine if you sucked that lemon and you actually had a response from your salivary glands. You can swallow the saliva, even that's produced. And that saliva is one thing when it's in your mouth.

But imagine instead of telling you to swallow it, I told you to take that saliva and spit it into a cup, maybe a couple of times. That saliva was produced in your mouth and you spit it into a cup. Well, then imagine that I told you to drink that saliva that you had just spit into the cup.

And think about that for a second.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



## Did you have a response when I suggested that you drink the saliva?

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Did you have a response when I just suggested that you drink the saliva, that spit that you had just spit into that cup?

Was it different than when I suggested that you just naturally swallow the saliva that's produced in your mouth?

What's different about the saliva when it's in your mouth vs the saliva once it's come out of your mouth and is in a glass?

Do you notice that maybe you had sort of a response of disgust or that that's gross, imagining drinking your own saliva from a glass? Well, what is that?

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



I mean, in reality, it is the same saliva that is there in your mouth all the time. But somehow, we have created a verbal context in our societies and in our language where once the saliva is out of our mouth, somehow it is a different entity and is associated with feelings of disgust. That's language. That's what our language does to us. And it can be both useful and potentially not useful.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Trauma Reminders



Physical assault



Associated with  
aversive qualities

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And if you take this out to its logical extension around trauma reminders, there may be somebody who was physically assaulted. And obviously, the experience of physical assault is a direct experience that has really aversive qualities associated with it, both physically and emotionally, and maybe the person was wearing a certain scarf or a certain set of boots when the physical assault happened.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Well, those things that were associated with the trauma at that time can also take on some of those characteristics of the assault. And so the person may find that they don't ever want to wear that scarf again that they were wearing on the day that they were assaulted. Or when they pulled those boots out of the closet or just see them in the closet, it brings up a feeling of anxiety.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Language Connects Things



“It happened  
during a cold day”



Winter creates a  
feeling of danger

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



That's language that we're able to connect those things. Or maybe it's not even those direct things that are associated through classical conditioning, but the fact that it happened during a cold day or something. And so now every year as winter approaches, just as people start talking about winter or the holiday season, because of our ability to use language, the person starts relating that to a feeling of danger.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



**Language can be both  
functional and disruptive**

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Those are the things that we're able to do because of language that can be both functional, but can also be disruptive to us.

So what can we do about that? I mean, we don't want to remove our ability to use symbolic language. We wouldn't be able to function in our worlds anymore if that happened. But maybe there are some things we can do to disrupt that.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Key Points

---

- Experiential exercises can show how language can bring up the qualities of the things the words refer to.
- We can't permanently disrupt the ability to use language, but exercises can help clients not to take thoughts as literal truths.



So, some key points.

Experiential exercises can be used to show the way in which language can bring up the qualities of the things to which the words refer even when they're not physically present.

And although we cannot and would not want to permanently disrupt the ability to use symbolic language in the context of literality where they're useful to us, there are several exercises that we can use to help clients recognize at least temporarily that they do not have to take all of their thoughts as literal truths.

## Key Points

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- This applies to mundane thoughts and to cognitive content related to trauma.



This applies to both mundane everyday thoughts as well as to cognitive content related to a history of trauma.



Next Presentation:

## **Defusion: More Exercises and Metaphors**

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# Defusion: More Exercises and Metaphors



Sonja Batten, Ph.D.



## The Milk Exercise

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



So, I want to give you one of our classic examples in ACT of how to, at least temporarily, disrupt language. And it's called the milk, milk, milk exercise and it's based on an exercise by Titchener long ago.

And so first, I'm going to ask you to imagine a glass of milk. So imagine you've got an ice-cold glass of milk in front of you. And what does that look like? What can you see? What color white is the milk? Can you see any cold bubbles or frothing at the top? Imagine that you bring that glass of milk toward your nose. Can you smell it?

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



**“Milk” can bring all of those properties to mind**

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Again, just by me saying this word, milk, it can bring all of those properties to mind. Imagine if you had had a cookie beforehand and now you took a sip of that milk. What would it taste like?

Or even if you don't like milk, it works just as well. So imagine I'm saying you should take a sip of that milk and notice what feelings of disgust or maybe discomfort in your stomach that brings up.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



“For 30 seconds, we’re going to just say the word milk over and over”

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And so what I’m going to ask you to do now—and I recommend that you do this along with me. I’ll do it and sort of make a fool of myself on this recording.

And I’d tell clients in session, “I’ll do this along with you. If you’re willing to do something slightly silly, I’ll do it right along with you. We can be silly together. And all that’s involved is that for 30 seconds, we’re going to just say the word milk over and over.”

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



**Notice all those stimulus  
properties that show up**

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And I'm in charge of paying attention to those 30 seconds. I will keep the timer going. And you, at home or in your office, doing this course, I'm going to suggest that you do this along with me.

So notice, when I say the word milk 1 time, notice all those stimulus properties that show up.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



## The Milk Exercise

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And now for 30 seconds, we're just going to say the word milk over and over. Ready, go.  
Milk,  
milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk,  
milk, milk, milk, milk, milk, milk, milk.

Okay. Faster.

Milk, milk.

Louder.

Milk,  
milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk, milk.

Thirty seconds.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## The Milk Exercise



Said “milk” over and over



Lost meaning

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



So, if you did that along with me, what did you notice? What happened to that word, milk, as you said it over and over? A lot of times, people will say it lost meaning or it became just a funny sound. And even if you weren't doing it along with me and you were just listening to me, you might have had that experience just listening to me say it over and over.

And most importantly, what happened to that glass of milk that was in front of you that you could almost smell and taste a few minutes ago? Most people will say that that glass of milk disappeared over the course of those 30 seconds.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



**We don't have to take  
language so seriously**

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And that's 1 way that we can talk about practicing defusion.

So that's 1 way to work on looking at the function of language and how powerful it can be, and yet how we can not necessarily have to take everything that our language tells us so seriously.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Example: “I Can’t Lift My Arm”



Get in contact  
with that thought



Demonstrate that they can lift  
their arm at the same time

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

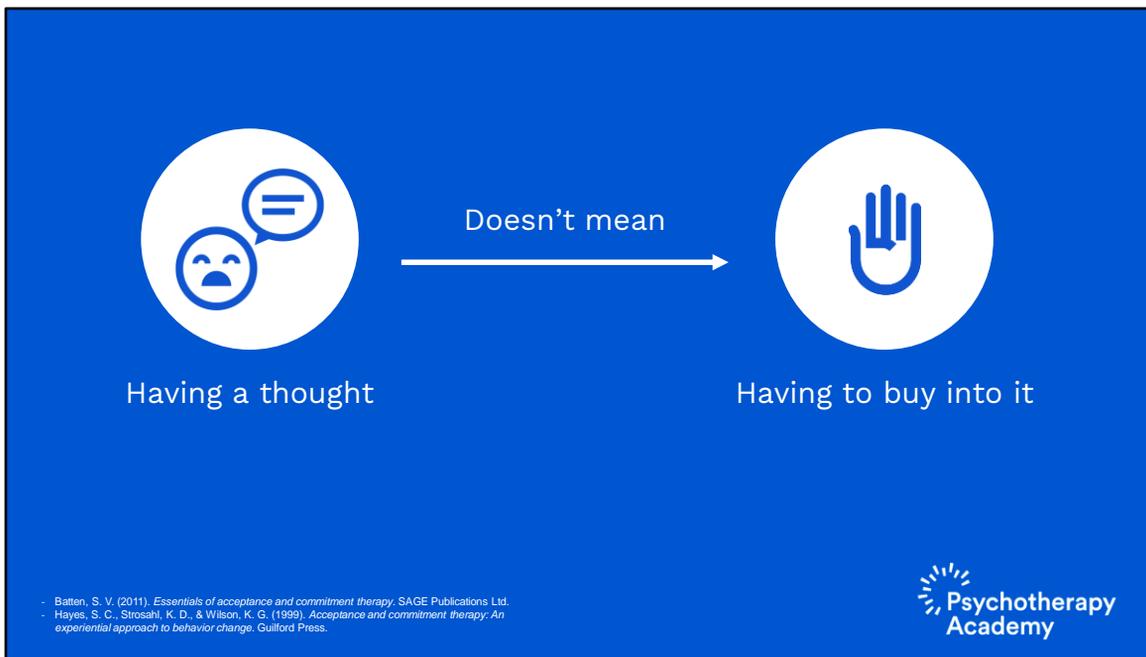


Another example might be in session, you could work with the person on thinking a thought like, “I can’t lift my arm.” Work with them to really—like, “Can you really get in contact with that thought, I can’t lift my arm?” and see if they can really believe it. I can’t lift my arm.

And yet at the same time that they’re saying and thinking, “I can’t lift my arm, I can’t lift my arm,” see if, at the same time, they can still lift their arm. And you can demonstrate that for them, too. You can be saying out loud, “I can’t lift my arm, I can’t lift my arm,” and looking intently at your arm, and at the same time that you’re saying that, lifting your arm.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Again, the idea is to give examples of how just because we're having a thought in a certain way doesn't mean that we have to buy into that thought and act based on that thought.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Example: Angel and Devil



Their mind calls out information all the time



They don't have to go along with it

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



You could also give the example, like in old movies or TV shows there would be, sometimes, an angel on 1 shoulder and a devil on 1 shoulder and they're calling out things for the person to do or how to understand the situation.

That's another example that a person could imagine that their mind is just sort of calling out information all the time, but they don't have to choose to go along with what that angel or that devil on their shoulder is saying.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Example: Cravings News Radio



The radio broadcasts reminders of substance use



“I remember walking down the street and getting high”

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Or, you can imagine functions from other things in life, like a radio.

So, if you have somebody who has some sort of cravings or a substance use problem, imagining as they're walking through their lives that there's a radio in their pocket that is blasting out news.

Imagine there's a news radio that is just constantly broadcasting reminders of substance use cravings.

Okay, and here we are walking down Broad Street. And I remember that time I was walking down Broad Street and I ran into Jimmy and we went back to his place and got high. Whew! Walking down Broad Street makes me have the urge to go find Jimmy or go get high.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Example: Cravings News Radio



Don't go  
along with it



Treat it like an  
annoying radio

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

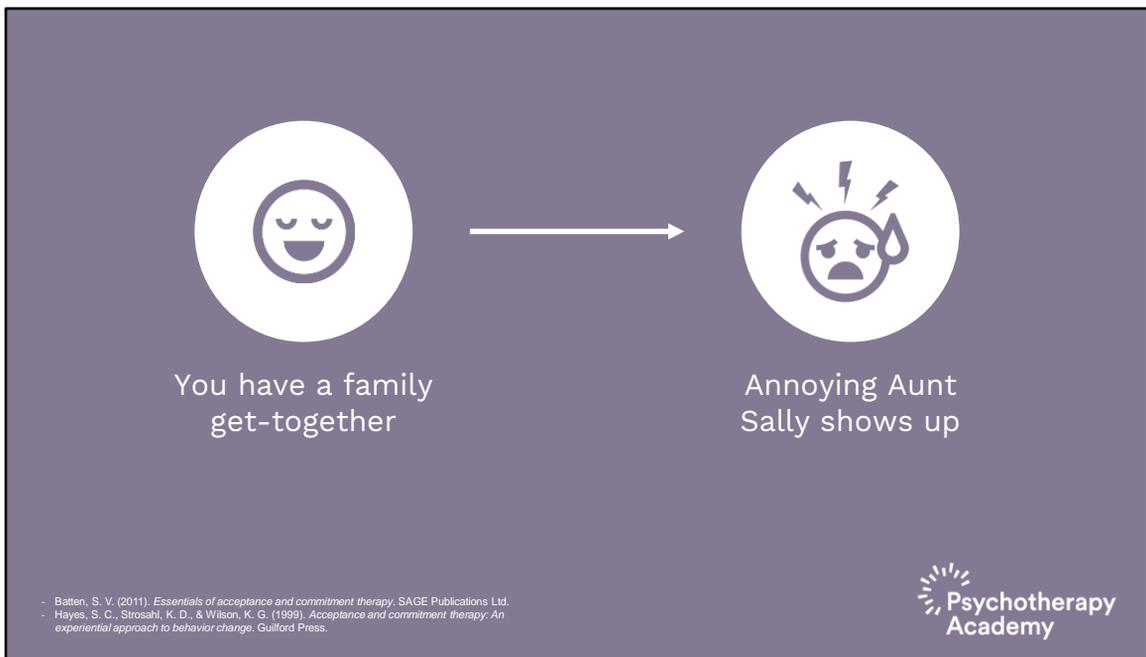


What can the person do in that situation? Well, they don't necessarily have to go along with it.

They could treat it just like an annoying radio that's going on in the background. And maybe they can't turn it off, but they don't necessarily have to act based on it.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



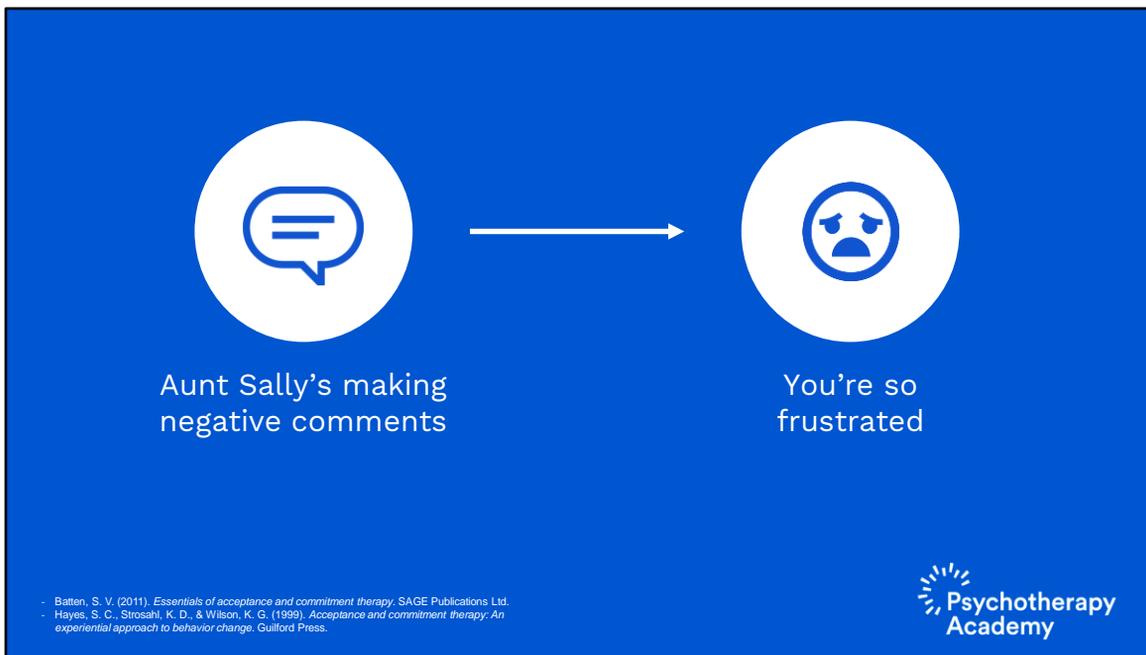
Or say you wanted to have a family get-together. And you had missed your family and you really wanted to get together with them.

And so you said, “Okay, having a family reunion, a family get-together, everyone is invited.” And so you know, all sorts of family members that you wanted to be there show up.

But maybe also your annoying Aunt Sally shows up.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Aunt Sally is somebody who will constantly walk through your house and comment on different things in your house, will comment about your appearance, will make negative comments about the other people at the party.

And you are so frustrated that your Aunt Sally came to this party. That was not what you had in mind when you said, "I want to have a family reunion. Everybody is invited." But you said everybody is invited and so Aunt Sally is there.

And so you can't just push her out the door because then that's not a party where you're willing to have all of your family members.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## What If You Keep Aunt Sally in Another Room?



You're not  
enjoying the party



You're constantly checking  
that she's staying back

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Or maybe you could try to keep Aunt Sally in the back laundry room.

But if you do that, then you have to constantly be checking “Is the door locked? Is she still back there?”

And so, instead of being out enjoying the party, you're constantly having to check and make sure that Aunt Sally is staying back in the background where you want her to be.

Again, our thoughts can be like that annoying Aunt Sally and we have the option of either focusing on trying to control those thoughts or buying into them.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



**What if you could enjoy  
the party anyway?**

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- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



Or what would happen if you just let Aunt Sally go around the party and all the family members know who she is and that's just how she is?

And what if you could just enjoy the party anyway, even with Aunt Sally there?

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Variety of Defusion Techniques



Say difficult thoughts in the voice of a cartoon character



Sing them like an opera singer



Imagine a politician you hate saying those thoughts

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
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You can also find different ways of working with your clients.

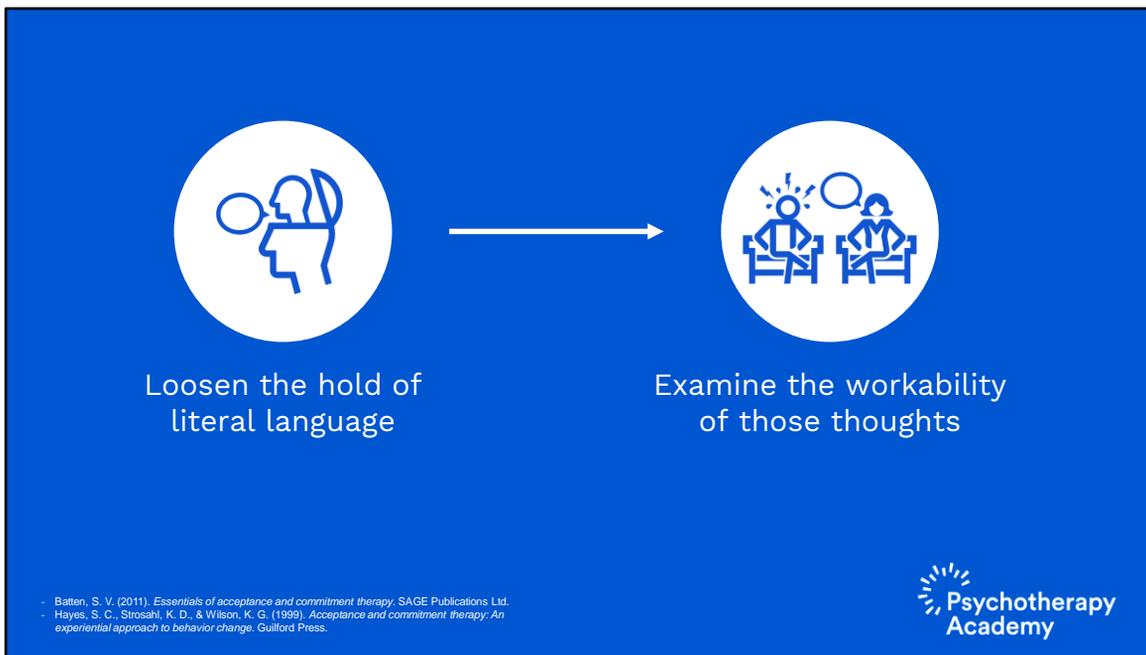
They could say their difficult thoughts in the voice of a cartoon character.

They could sing them like an opera singer.

They could imagine a politician that they really hate saying those thoughts, like, “Oh, you’re fat and unworthy.” Well, picture the politician that you hate most in the world. And what if it were that person saying it to you? Would you have to take it as seriously and as literally as you would in other cases?

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.



And so once you've gone through several examples of tools that can be used to loosen the hold of literal language as it arises as thoughts, then you can begin the work with the client of examining the workability of those thoughts related to trauma.

So you want to begin to loosen up the hold of language through many, many defusion exercises.

And then you might even suggest, "And what if some of these things that you've been struggling with and trying to change are also themselves milk, milk, milk?"

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

## Key Points

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- A word can bring to mind stimulus characteristics, as if the thing named is present.
- One exercise to disrupt language is to repeat the word out loud, over and over, until it loses meaning.



So, some key points.

Calling up the sound of a well-known word can bring to mind the stimulus characteristics of that word, almost as if the thing named is present.

One common exercise to try to disrupt this power of language and show the limits of our thoughts having control is to repeat the word out loud, over and over, until it temporarily loses meaning.

## Key Points

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- Metaphors help clients recognize the ongoing chatter of the mind.
- The client has a choice whether or not to listen to the chatter.



There are also a number of other metaphors that can be used to help the person recognize that, although the ongoing chatter of the mind will never stop, the person has the choice about whether or not to listen to that chatter and let it guide behavior.



Next Presentation:

## **Difficulties When Working With Defusion**

 Psychotherapy  
Academy

## Difficulties When Working With Defusion



Sonja Batten, Ph.D.

So now, we'll talk about some challenges that can arise when working with defusion.



## Defusion Skills

Hold the content less tightly so the client can move more flexibly

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



When you're working with a client to help gain defusion skills, there will often come a point where the client is asked to consider whether even some of the most difficult thoughts and beliefs that the client holds are also just milk, milk, milk, or another representation that the client connected with about arbitrary symbolic language that the therapist may have demonstrated.

Of course, the therapist knows that they're suggesting that the client could potentially try holding some of that content a little less tightly so that the client has more room to move around flexibly in his or her life.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



## Therapeutic Delivery Must Be Done Skillfully

If not, it can come across as invalidating

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
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But to the client who may have spent years reeling from the pain of a traumatic event, if that therapeutic delivery is not done skillfully, it can come across to the client that the therapist is invalidating or minimizing the difficult thoughts and beliefs that a client holds by attempting to reduce them to a series of sounds.

To the person who experienced the very real pain of the original trauma, if this isn't done in a skillful, respectful, and validating way, it can feel like the therapist is suggesting that the client just get over those thoughts, which lots of people have probably suggested to the client already in their life, which is, of course, very far from the truth of what is being suggested.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



The ACT therapist holds no opinion as to the validity of trauma-related thoughts



The goal of the defusion work is to put more space between the self and the thoughts

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- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



The ACT therapist holds no opinion as to the validity of trauma-related thoughts. They may or may not be objectively true.

The goal of the defusion work is to teach clients to put more space and perspective between themselves and their thoughts in order to allow for more flexible and functional behavior choices.

#### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

## The Need to Be Right



Someone else has to be shown to be wrong

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



A corollary to this challenge is the perceived need for some clients to be right. When clients have had very real and painful things happen to them, they may sometimes get fused with the belief that someone else has to be shown to be wrong for what happened to them even when staying focused on this may have negative consequences for the client.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

## Client Has a Choice



Be right

Or



Move on

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



So, within the context of a caring and respectful therapeutic relationship, the therapist may be able to eventually point out that the client has a choice in front of them: to be right or to be able to move on with their lives.

Moving on does not mean that the thing that happened to them was okay or that someone else shouldn't have to face consequences. Instead, it means that the client has a choice of where to put his or her own energy: on proving that someone else was wrong or to start moving forward with life in the ways that he or she can control.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



## Therapists Need to Practice Acceptance and Defusion

If not, it impacts the effectiveness of treatment

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- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



Finally, this is a good point for a reminder about ACT therapist's own need to practice acceptance and defusion in their own lives and with their own difficult content.

If therapists are not themselves practicing willingness or have significant limits to their own areas of acceptance, they may directly or subtly provide control messages that undermine and contradict the work of ACT.

So, in addition to therapists' warmth, respect, and openness, I would argue that a therapist's own willingness level is one of those things that likely impacts the effectiveness of ACT treatment—especially with trauma survivors.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

## Key Points

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- There are barriers to be on the lookout for when working on willingness and defusion.
- A poorly delivered message about defusion can lead the client to feel invalidated.
- With defusion, it may become clear that the client is focused on being right more than on moving forward.



So, some key points.

There are some notable barriers that are important for the ACT therapist to be on the lookout for when working on willingness and defusion.

The therapist should recognize that a poorly crafted message about defusion can end up leading the client to feel invalidated or like her thoughts and feelings about the trauma are not being respected.

Defusion is also a place in therapy where it may become clear that the client is focused on being right more than on moving forward.

## Key Points

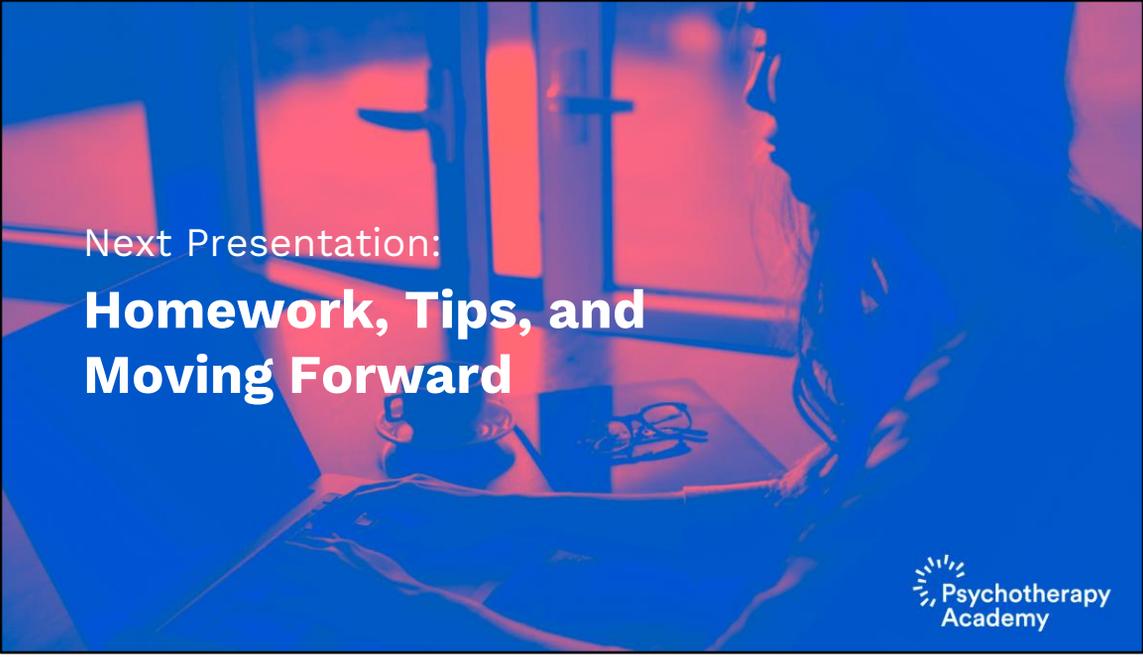
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- Working through this barrier can be challenging.
- It's essential that therapists practice willingness and defusion in their lives.



Working through this barrier can be interpersonally challenging and it's also very powerful.

It is also essential that the therapist practice willingness and defusion in his or her own life so that the interventions are applied with sensitivity and coherence.



Next Presentation:

# Homework, Tips, and Moving Forward

 Psychotherapy  
Academy

# Homework, Tips, and Moving Forward



Sonja Batten, Ph.D.

## A Willingness Homework Exercise



Identify 1 challenging experience each day



Choose a moderately challenging thought, feeling, memory, or bodily sensation



Identify the situation or context



Note their typical response: Control or avoidance?

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Here's a willingness-related homework exercise that your client can work on between sessions.

In this exercise, each day, the goal is to identify 1 challenging private experience that they are willing to explore.

So, on a piece of paper or in the notes function of their smartphone, each day, they should identify:

1. A moderately challenging thought, feeling, memory, or bodily sensation that showed up that day.
2. The situation or context where this private event arose.
3. They should note how they would typically respond to this private experience and notice if that typical response is one of control or avoidance.

### \*References\*

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

## A Willingness Homework Exercise



Identify what would instead be a response of willingness



Note if they chose to practice that new response



Goal: Increase ability to identify alternate ways of responding

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And 4. What would instead be a response that demonstrates willingness or acceptance?

And then they should note if the person chose to practice that new response or not, and how it went either way.

And if they chose not to, that's okay as well. Right now, we're just trying to increase their ability to identify alternate ways of responding.

### \*References\*

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

## Defusion Skills Homework



Identify a word that  
has been difficult



Write down examples of  
what they do to prove that  
this applies to them

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Another example of a homework exercise focused on defusion skills would be to ask the client to identify a word for themselves that has historically been difficult for them, either because of something said by others or something they fear about themselves.

For example, coward, stupid, fat, unlovable, or something else totally unique to the individual. Before moving on to practicing a milk, milk, milk type of exercise, the client would be asked to spend a couple of minutes writing down examples of things that he or she does to prove that this word that they've identified either does or does not apply to them.

### \*References\*

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

## Defusion Skills Homework



Repeat that word out loud for 30 seconds



Reflect on what that experience was like



Write any reactions the exercise provoked



Bring it to session and discuss

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Then they would sit in a quiet private place and repeat that word out loud for 30 seconds, faster and faster, louder and louder, just like with the milk, milk, milk exercise.

After doing that for at least 30 seconds, they would be asked to reflect on what that experience was like and write for a few minutes about any reactions, either expected or unexpected, that the exercise provoked.

And then they would bring it to session and discuss it with you next week.

### \*References\*

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.



### **Practice Self-Reflection**

If not, the therapist won't be able to instruct the client well

Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.



As I mentioned, it may also be useful for the therapist to practice self-reflection as it relates to willingness or defusion.

If the therapist is not in their own experiential contact with what these processes are, he or she wouldn't be able to effectively instruct the client with sensitivity and may end up pushing too quickly or ineffectively.

#### **\*References\***

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

## An Exercise for Reflection



Identify a specific time when you chose to be willing



Write for 5 minutes about what that experience was like



Think about any differences in the experience of discomfort when it's tied to values

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So here's an exercise for reflection on the part of the therapist, although it can also be provided as a prompt for homework for the client.

Identify a specific time in your life when you chose to be willing to experience difficult thoughts, feelings, or bodily sensations, not because you wanted them, but because doing so was in the service of something that was important to you.

Write for 5 minutes about what that experience was like.

Is there any difference in the experience of discomfort or pain when it is tied to values?

### \*References\*

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

## Key Points

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- Use willingness- and defusion-related homework assignments to practice more flexible responses to challenging content.
- Identify responses guided by willingness or practicing direct defusion techniques.



So, some key points.

Willingness- and defusion-related homework assignments can be given in which the person practices making more flexible responses to challenging emotional or cognitive content.

These may involve identifying challenging responses that would normally be responded to with control and instead identifying responses that would be guided by willingness or practicing direct defusion techniques with fused cognitive responses.

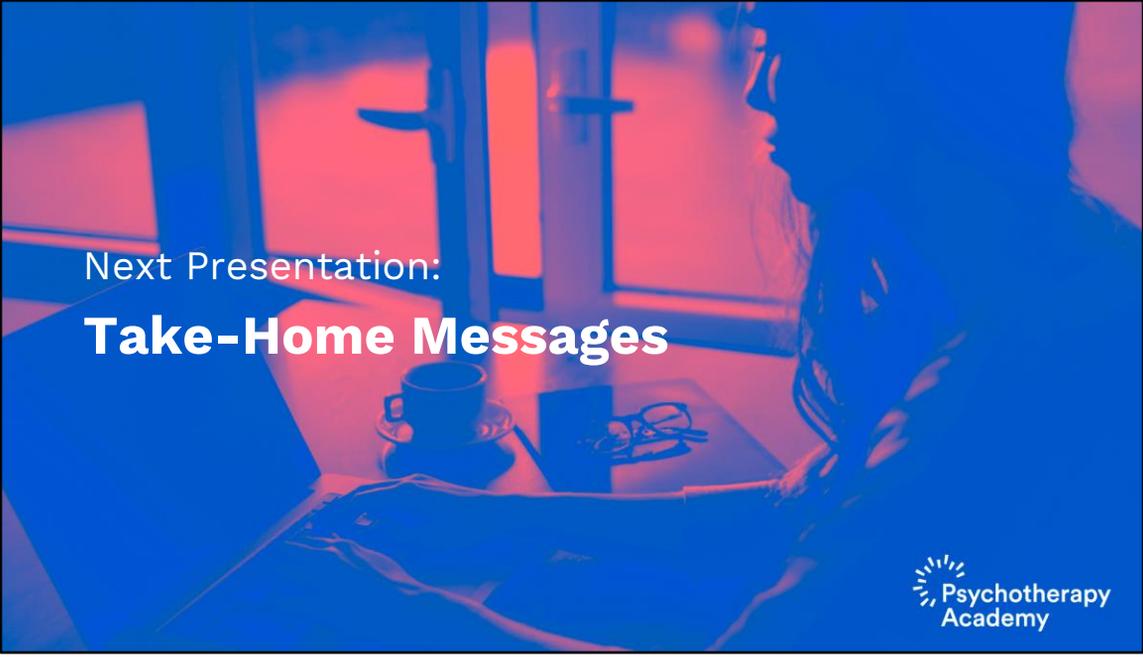
## Key Points

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- Therapists need to reflect on their levels of defusion and willingness to provide sensitive and effective guidance.



This may also be a good time for the therapist him or herself to reflect on his or her own levels of defusion and willingness in order to provide sensitive and effective guidance on these same skills.



Next Presentation:

## **Take-Home Messages**

 Psychotherapy  
Academy

## Take-Home Messages



Sonja Batten, Ph.D.

So here are some take-home messages on willingness and defusion.

## Willingness

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Choosing to experience private events without defense in the service of a valued life



Tolerating, wanting, or wallowing in those experiences are different



Building a life worth living rather than staying stuck



Willingness is a process in which an individual chooses to experience his or her own private events without defense in the service of moving forward with a valued life. This process is differentiated from tolerating, wanting, or wallowing in those experiences.

The hard work of willingness becomes meaningful and is dignified because it is in the service of something important, building a life worth living, rather than remaining stuck.



For clients to move toward psychological flexibility and workable life choices, they may need to work on increasing willingness to experience the full range of private events in the service of valued life directions.

## Willingness and Acceptance

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Build these skills from:

- ✓ Metaphors
- ✓ Thought exercises
- ✓ Stories
- ✓ Real-world practice



Willingness and acceptance are not responses that can be easily taught through direct instruction. Building these skills will benefit from mental and physical metaphors, stories, thought exercises, and lots of real-world practice.

## Defusion or Deliteralization

---



Undermine the dominance of the literal strength of thoughts and verbal content over behavior



The human ability to use language is exceptionally powerful. However, it can bring with it a cost when the products of one's own mind are taken too literally.

The term defusion, also known as deliteralization, can be used to describe any therapeutic process in ACT that serves to undermine the dominance of the literal strength of thoughts and verbal content over behavior, instead of being guided by direct experience.

## Literality

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Take the content of thoughts as literal truths and act consistently with it



Contrast this with mindful awareness

We use the term literality to describe a context in which individuals take the content of their own thoughts as literal truths, and thus act in ways that are consistent with that cognitive content.

And I might not use the term literality with clients. This is just for speaking to therapists to understand the conceptual background.

This can be contrasted with a context of mindful awareness in which thoughts are seen as automatic and sometimes arbitrary products of language and experience that may or may not be used to guide behavior.

## Defusion Processes

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Help clients respond in a more flexible way to their cognitive content



Goal: Bring about behavior that's more consistent with the client's values



Begin placing thoughts in a context of mindful awareness when successful



Defusion processes are used in ACT to help clients respond in a different, more flexible way to their own cognitive content.

The goal of defusion is not to reduce the distress associated with difficult thoughts, feelings, and images, but to bring about behavior that is more consistent with the client's values and the workability of that behavior in his or her own life.

If defusion processes are successful, the therapist and client will be able to begin placing thoughts in a context of mindful awareness, rather than a context in which the content of thoughts is taken as literal truth.

## The Goal of Defusion Exercises

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To gain more distance from thoughts



To make choices based on values and workability



And there are an infinite number of exercises or strategies that can be implemented to assist the client in learning how to defuse from challenging cognitive content.

The goal of all of these exercises and language conventions is to help the individual gain more distance from those thoughts so that he or she can make choices based on values and workability in their natural environment rather than based on believing his or her own thoughts as truth or following inflexible verbal rules.