

**ACT for Chronic Pain**  
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**INTRODUCTION**

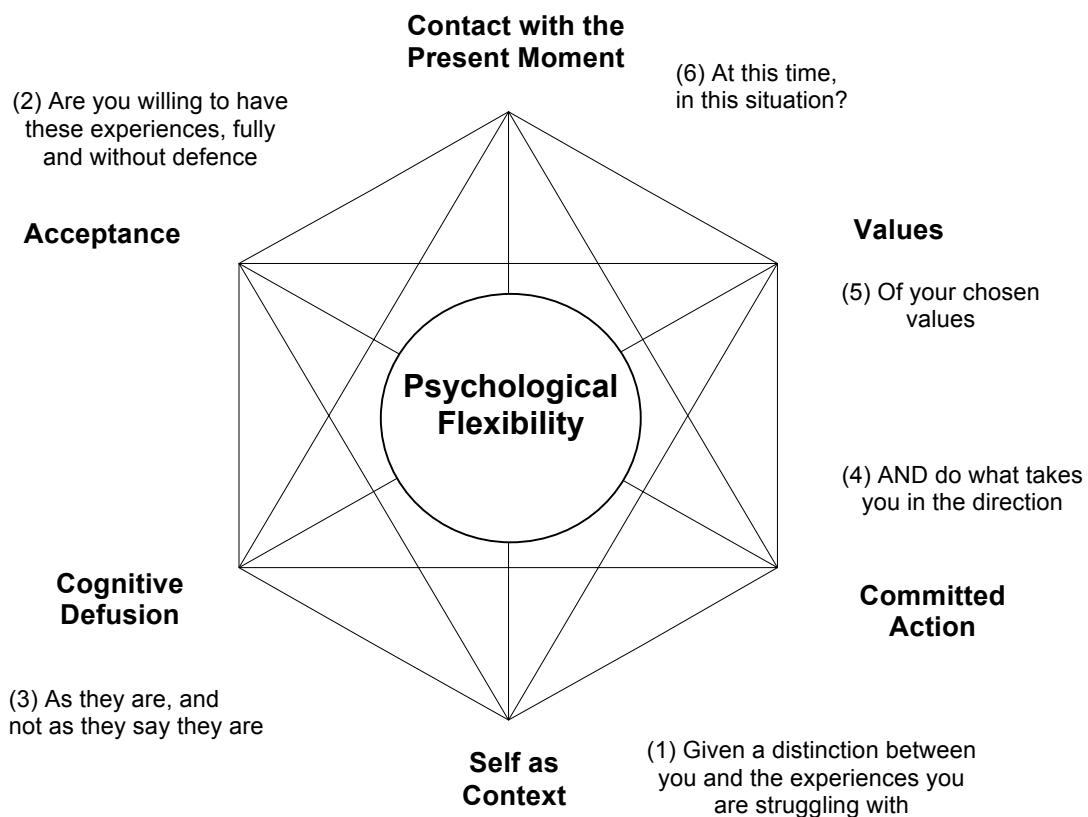
Unlike some treatments for chronic pain problems, ACT does not seek to cure or control pain or other symptoms as a primary aim. The focus is on helping patients to acquire effective behavior patterns guided by what they hold as important, their goals, and values. The primary aim is to change behavior by changing the way people experience their thoughts, feelings, and sensations, not to change the thoughts, feelings, and sensations themselves. This is to disconnect people from struggling with pain and other symptoms and to connect them with their values and the means to reach their goals

The model of treatment here is based on Acceptance and Commitment Therapy (ACT) and can include mindfulness-based methods and other skills training, depending on the needs of the person seeking treatment. The primary treatment processes from ACT include acceptance, cognitive defusion, committed action, contact with the present moment, self-as context, and values. The aim in treatment of course is not that the patient will understand or believe these as psychological process – it is that they will engage in behavior patterns that include these processes.

The model of treatment is shown in the following Figure:

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The ACT Treatment Question



## NOTES ON SESSION MANAGEMENT AND STYLE

1. The treatment components described here are designed to assure the particular processes are taken into focus. They are designed to be delivered flexibly according to ongoing analysis of behavior problems patients present, guided, as needed, by supervision.
2. The primary processes here are specified in a roughly sequential fashion, and that sequence may work well for many patients, however, it is also possible to deviate from this sequence if that achieves a better result.
3. One goal here is to be sure that each process that is relevant to the individual is delivered as needed. Most of the processes will be brought into sessions repeatedly even if subsequent applications are brief.
4. The order in which processes are addressed is flexible, although there are advantages in some ways in starting with modules 1 and 2.
5. Sessions will usually progress by checking in with patients, seeing what has happened since the last meeting, often picking up a thread from the previous session, and watching what important psychological content or processes emerges to address.
6. Clinical skills around reflective listening, empathy, pace, and building a relationship are important; and it is probably useful to keep a focus on these without getting too focused or exclusively focused on all of the interesting ACT methods and exercises.

### ACT Therapeutic Stance

Below we have detailed aspects of what is called the ACT Therapeutic Stance as a reminder. Consider what each of these notions means and how to incorporate them into interactions with patients, and review them as needed.

- Equal, vulnerable, compassionate, genuine, and respectful of client's inherent ability to make change.
- Willing to self-disclose when in the interest of the client.
- Fits methods to the needs of the client and situation.
- Tailors methods and exercises to client.
- Models acceptance of challenging content, including the client's difficult feelings, without needing to fix it.
- Uses exercises, paradox, metaphor, and de-emphasizes literal sense.
- Brings emphasis back to client's experience not the therapist's opinions.
- Does not argue, lecture, coerce, or attempt to convince.
- Recognizes process of flexibility in the moment and supports them within the therapeutic relationship.

### Building Committed Action

ACT is a behavioral therapy and behavior change is key. In this guide there is a specific "committed action" part of treatment. In addition to this the therapist should keep an eye open for any occasions when committed action work can be done regularly, within each session and between sessions. Enhancing values-directed committed action is in some ways the main purpose of treatment and it creates opportunities for the practice of willingness, defusion, contact with the present, and

observer skills. This is because even small movements toward experiences or activities that have been avoided can provoke the appearance of potential barriers.

It is easy to drift into talking about the problem or talking about behavior change in a disconnected way and to miss chances to DO behavior change. This is a reminder then to avoid this potential pitfall.

In session there are many potential occasions for committed action, such as choosing to bring painful experiences into the room and sit with them. When committed actions are achieved in sessions the patient can be asked if they are willing to commit to doing the same thing outside of session. When treatment time is short and the focus is on behavior change, there needs to be action, engagement, and taking steps (without pressure and coercion), experiencing what happens, and then flexible persistence, and generalizing – this cannot wait until the end.

The following brief outline can provide a guide for how to enhance committed action when occasions present themselves.

- 1) Identify relevant high-priority values domains and develop an action plan.
- 2) Help the patient commit to and take action.
- 3) Attend to and meet barriers to action with willingness, defusion, contact with the present, and self-as-observer skills.
- 4) Generalize to larger patterns of action and to wider situations over time.

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## UNDERMINING EXPERIENTIAL CONTROL

The purpose of this session is to begin to establish what treatment will be like and to establish the agenda. Patients are often following an agenda already: *I don't want to feel pain, I don't want to feel fear, I want to feel happy, and so forth, and then my life will be good.* This session will gently investigate whether this is working or whether, as is often the case, it is a trap that is creating suffering and not reducing it.

1. At some point be sure that there has been a description of treatment, a rationale, an agreement from the patient and consent. Some primary principles in this treatment approach:
  - Suffering is normal
  - You cannot ultimately reduce all suffering, but you can amplify it, increase its impact on your life, and create a traps in the process of struggling
  - You can learn how to live a good life without needing to reduce your pain
  - In order to do this you can learn to live in the present, to let go of certain things, and to connect with other things, and we can talk more about that later.
2. Briefly discuss confidentiality, attendance, and “willingness” to participate in particular methods.
  - a. Consider describing your role and values as a therapist briefly.
  - b. Patients often feel pressured to do what therapists ask them to do. Reduce the role of this social pressure by clarifying that patients have the right to choose to participate within their own willingness to do so.
  - c. Return to this idea as needed at other times when exercises include “exposure” to uncomfortable or distressing experiences.
3. Observe whether the patient seems settled, focused, and the like.
  - a. Meet worries as normal reactions and avoid talking anyone out of these.
  - b. Welcome skepticism and encourage patients to see if what treatment offers appears useful to them. Engaging in treatment with skeptical thoughts is flexible.
  - c. Believing it will work is not necessary - willingness to participate is another process that can support engagement.

*NOTE: Before moving on here consider introducing a brief willingness exercise. This can be used as a demonstration of typical exercises, and the willingness process can be further called on during subsequent parts of this session.*

4. The focus of the session today is on what is being learned about managing pain.
  - a. Consider looking at how long the pain has been present.
  - b. Consider looking at the experiences (thoughts, feelings, urges, and so forth) that happen here when talking about this.
5. Use the worksheet called the “The Struggle with Pain,” ask the patient to complete it, and structure the session around the results.

*REMEMBER HERE: Focus on the process and not just trying to get certain answers!*

6. Does experience show that pain can be reduced?
7. Does experience show that actions to reduce pain make life better, freer, and bigger; or do they make it smaller, more restricted, and more dominated by pain?

8. See if it is emerging that many things have been tried, yet they have not had great success in terms of long term relief or quality living.
9. Look at results gently, inquisitively, and avoid arguing about results or trying to “prove” that pain control is an unworkable goal. Do not force a conclusion.
10. See if it emerges that the **solutions have become the problem** and that there is a “vicious cycles” quality to what is happening.
11. Allow for feelings of discouragement without trying to reduce these - maybe there is no way ultimately to control pain and live well at the same time.
12. If patients push for an answer to this problem, notice that this may be the same as what is happening to them everyday: it’s the urge again to find an answer, fix it, make it stop again, and so on. See if it is possible for the patient to make room for these without doing what they say, not forever, but just in this moment.
13. If needed, slow down this interaction or backup, to get contact with experience of what is called “creative hopelessness,” hopeless because of the clear unworkability of pain control, and “creative” because once we see that something is not working something new can be tried.
14. This session is not about getting the patient to believe or agree that their agenda has been mistaken or that control is the problem – it is getting them to contact what their circumstances include and sit with these experiences.
15. “Roll with resistance,” bring the patient’s awareness to how the mind does not want to let go of solving this problem and so on.
16. Consider the “Man in a Hole” or “Tug of War with a Monster” metaphors, or consider one or another of the “don’t think” or don’t feel type exercises.

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## BUILDING WILLINGNESS SKILLS

The purpose of this part of treatment is to help patients to develop what we will call their “willingness skills.” This is their ability to

- Contact feelings of pain and emotional distress related to their chronic pain without acting to block or control them when this is not useful and to
- Engage in chosen activities fully, whether these include unwanted feelings or not.

The goals of this material are to help the patient (a) experience unwanted sensations and emotional experiences as natural responses linked to their personal history, (b) learn to experience feelings of pain and distress as no more than what they are, (c) gain an awareness of secondary distress or how distress is multiplied by responding with defense to our own distress, and (d) gain the ability to freely contact unwanted emotions when pursuing goals or values requires it.

1. Review previous material and recent experiences briefly and notice issues to focus the session on the process of willingness.
2. Unless something otherwise emerges, ask the patient to consider for a few moments doing something they want to do but have not done due to pain or other feelings. Ask them to write it down. As they consider this, what shows up? What stops them? And, write these down.
3. See if life is like this...

### Metaphor: Passengers on the bus

It is like you are a bus driver and you want to go where you want to go. At the same time on this bus are these scary passengers. They don't always want to go where you want to go, and when you don't go their way they let you know about it. They may rush up behind you, crawl all over you, and threaten you. They essentially bully you so you do what they say. You choose not to go where you want to go and they settle down, into the back of the bus and out of sight. In the meantime you're driving around in circles and not going anywhere in particular, just driving aimlessly. Now you may get fed up with this eventually. You may stop the bus and try to toss these passengers off, but there are many and they fight you. And notice that all the time you fight them the bus is not going anywhere. And so it's back to the old agreement, if they leave you alone you will only go where they say and nowhere else. Notice this interesting part, the key thing, these passengers have never done you any physical harm, they cannot, and never will. All they got over you is the ability to intimidate. The only power they have over you is the power you give them. You are the driver yet you trade your control over the bus to keep the passengers away. You may say that this is silly or that you do not have to put up with this. The truth is you do have passengers and they are your thoughts, feelings, sensations, urges, memories and the like.

4. We will talk more about “thoughts” at another time, and right now the focus is on moods, emotions, feelings, and body sensations.
5. Do you notice that there have already been times in your life when you have felt afraid and approached what you feared, felt tired and acted like you had energy, or felt pain and done an activity, perhaps because it was important, etc.

6. So, from this, as a matter of experience not belief, do feelings need to control our behavior?
7. Often the difference between occasions when feelings influence our behavior and when they do not is in whether we resist or struggle with these feelings or not. Whether we are willing to have them, make room for them, or even actively embrace them. If you are unwilling to have the passengers come up from the back of the bus, you can only go where they say. If you make room for your passengers, you can go wherever you want. This is not something to believe by the way, it is something to check in your experience, and something to do.
8. Ask the patient once again to consider something they want to achieve in their life or something they want to do, or ask the patient to recall a relevant recent event, within the last two weeks, when they were struggling with some experience they did not want to have. This type of query can create an appropriate start to one or another of the standard willingness exercises.

### *Exercise: Willingness*

Ask the patient to close their eyes, focus on an experience they have struggled with, and describe it. Look for reactions, thoughts, urges, feelings and sensations that show up. Notice problem-solving, resistance, avoidance, and the like. Then guide the patient through the following three steps:

1. Observe. Identify where emotional experiences are located in the body and focus on the details of these with interest and curiosity (what part of the body?, where are the boundaries?, what are the qualities?, sharp or dull?, surface or deep?, hot or cold?, changing or staying the same?, and so on)
2. Breath. Include with these sensations a focus on, or connection with, the breathing. Breathe with the sensations.
3. Open up. Notice any tendencies to move away or avoid the experiences move deeper into them, embrace them, or make room for them instead. Instead of defending against them allow them to be present. This is not the same as liking them, it is simply saying “yes” to them, saying I will have you, giving permission.

9. You may introduce the notion of clean versus dirty discomfort.
  - a. Clean discomfort is the honest emotional experiences we get from living a full life.
  - b. Dirty discomfort is the additional distress we get from struggling with clean discomfort, resisting honest feelings, criticizing ourselves, or putting ourselves down for honest feelings.
10. Consider using the Chinese Handcuffs exercise on this occasion or another occasion [you will need a supply of Chinese finger traps to do this!]

### Exercise: Chinese Handcuffs Metaphor

I wonder if the situation here is something like this [hand patient Chinese finger trap]. Did you ever play with these when you were a kid? We called them “Chinese handcuffs.” They are also called Chinese finger traps. Check this out. This is just a tube of woven straw. Now, push both index fingers in, one into each end, and see what happens. You notice that as you pull them back out, the straw catches and tightens. You may notice other things that happen, such as in your feelings or thoughts. What’s happening here? See, the harder you pull, the smaller the tube gets and the tighter it

holds your fingers.

Maybe this situation with pain, distress, and the other experiences come with it, is something like this trap. Maybe there is no healthy way to get out of pain or distress once we are stuck in it, such as when it is a chronic condition, and any attempt to do so just restricts your room to move. Have you noticed something else about this little tube?

With this little tube, the only way to get some room is to push your fingers in, which makes the tube bigger. That may be hard to do at first, because everything your mind tells you casts the issue in terms of “in and out” not “tight and loose.” But your experience is telling you that if the issue is “in and out,” then things will be tight. Maybe you need to come at this situation from a whole different angle, different than what your mind tells you to do with your experience of suffering.

Is this “moving in” something they could do when they are struggling to get out of experiences outside of session? Let’s identify some possible situations.

11. Consider using as homework the exercise that includes “filling the head” exercise that includes experiences that occasion defense and struggling (see attachments).
12. Generalize the use of willingness skills outside of session.
  - a. When some type of avoidance is happening observe and label emotional experiences and carefully connect with the particular physical sensations these entail.
  - b. Breathe with these sensations.
  - c. Open up, embrace, or move toward the feelings or sensations if this is what achieves your goal.



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## COGNITIVE DE-FUSION

Processes of thinking and reconstructing reality based on the content of thinking are so automatic and overwhelming that we have little awareness at the time that they occur. Thoughts are constantly “catching us up,” hooking, entangling us, and restricting or misleading our behavior. One goal in treatment is to loosen the influences on behavior from thinking, imagining, urging, and language in general, and to connect it with what can be contacted at the level of the senses.

1. Check in, listen, and observe how the patient is doing and what concerns or feelings are present; use reflective listening. Still, take care that the session does not drift.
2. Unless there is another important treatment priority, introduce that the purpose of this part of treatment is on developing what we will call “cognitive defusion skills” or the ability to “get out of your mind.”
3. Remember that life is like driving a bus and this bus has our passengers in it. Some of these passengers are thoughts, beliefs, images, or urges
4. As with willingness skills defusion skills are not about changing thoughts (or pain or emotions) – they are about avoiding some of the ways our thoughts can pull us into struggling, defending ourselves, or trying to solve problems that don’t need to be solved. Defusion is about being able to catch the process of thinking and to lessen some of the impact of the content of thinking.
5. One theme to include here is the notion that our minds have evolved to protect us not to make our life happy and full (elaborate on this if it is useful). In this sense “your mind is not your friend.”
6. Say something like the following...
  - a. We would like to do some exercises that help us to understand the role of our mind and thinking in presenting barriers to our goals and doing what is important to us.
  - b. Notice, when we start to look at your thoughts your mind will try to make this a game about “right or wrong” or “true or false,” and what we want to do instead is make this a game of “is it useful” or “does it help you get what you want.”
  - c. As we go along notice that there is a difference between having a thought and following or “buying” a thought.
7. Let’s look at some aspects of language and thinking. Do not do all possible exercises, select as you see fit!

### Exercise: Milk, Milk, Milk

Have you ever noticed that thoughts/worries that bother you might not be what they seem? Things get really sticky when we believe that our thoughts are literally what they say they are, especially thoughts about ourselves that are evaluative and judgmental. For example, “Deep down, there is something wrong with me.” And we tend to experience our thoughts, and what they say, as true and real. For example, we often believe we are what our thoughts say we are. We usually don’t even notice that words like “deep down, there is something wrong with me” are thoughts. However, are you really what your thoughts say you are?

What if I say that thoughts are simply thoughts, nothing more and nothing less, rather

than what they say they are? What if I say your pain is not what your thoughts say it is and you aren't the thoughts you have about yourself. It might be difficult to understand this point, so let's do a little exercise.

As I say, this exercise sounds silly. I'm going to ask you to say a word. Then you tell me what comes to mind. I want you to say the word, "Milk".

Now tell me what comes to mind when you said it?

What shows up when we say "Milk".

Can you feel what it feels like to drink a glass of milk? Cold, creamy, coats your mouth...right?

O.K. let's see if this fits. What came across your mind were things about actual milk and your experience with it. All that happened is that we made a strange sound — Milk --- and lots of those things show up. Notice that there isn't any milk in this room. Not at all. But milk was in the room psychologically. You and I were seeing it, tasting it, and feeling it, to some extent. And yet, only the word was actually here.

Now, here is another exercise. The exercise is a little silly, and you might feel embarrassed doing it, and I am going to do it with you so we can all be silly together. What I am going to ask you to do is to say the word, "milk," out loud, over-and-over again, and as rapidly as possible, and then notice what happens. Are you ready?

O.K., Let's do it. Say, "milk" over and over again! (30 seconds). O.K. now stop. Tell me what came to mind while you kept repeating it?

Did you notice what happened to the psychological aspects of milk that were here a few minutes ago?

It's just a sound.

Creamy, cold, gluggy stuff just goes away. When you said it the first time, it was as if milk was actually here, in the room. But all that really happened was that you just said that word. The first time you said it, it was "psychologically" meaningful, and it was almost solid. But when you said it again and again and again, you began to lose that meaning and the words became just a sound. What I am suggesting is that... What happens in this exercise may be applied to our personal thoughts about ourselves or toward other people or situations. When you say things to yourself in addition to any meaning behind those words, isn't it also true that these thoughts are just thoughts? The thoughts are just smoke, there isn't anything solid in them. They are just words, sounds in our heads.

Now let's try something different.

Take a negative thought about pain and write it down, and try to find a "hot" and personally relevant one. Then try to reduce this to a single word if possible. It could be a word like "horrible" or "unbearable." Then write down this word.

Now write down how distressing this word it related to the pain from 0 meaning not at all distressing to 100 meaning the most distressing imaginable.

Next write down how literally true or believable this word seems as it applies to the pain.

Again 0 mean not at all believable and 100 means the most believable you can imagine.

Now take the word and do the same thing as was done with the word “milk.” Say it as fast as possible for about 30 seconds.

What happens?

Now rate how distressing and how believable. Does this change?

Exercise: Labeling Thoughts as What They Are

One way to catch thoughts before they pass by unnoticed is to label them as what they are. This can also be done with emotional feelings, sensations, memories, and urges.

Instead of saying or thinking “my pain is terrible today” you can add a phrase and say “I am having the thought that my pain is terrible today.”

Let’s try this. Consider a situation that you have struggled with lately. Focus on it and notice a thought that occurs as you do. Find a particularly impacting thought and distill it down to its bare essence, like with just a couple words.

Now with this thought in mind, first focus on that thought and try to believe it as best you can for about 20 seconds. What happens?

Now, rephrase it in your thinking so that you experience that you are “having” the thought that...again, for about 20 seconds. So the way to say it in your mind is “I am having the thought that...” Experience what happens when you experience your thought this way. Notice what happens? Does anything change?

Next, rephrase the thought inside the expression “I am noticing that I am having the thought that...” Again, as you repeat this phrase and experience your thought this way what happens? Notice the experience and if it is different.

Maybe we can try this right now for a little while, just labeling our experiences as they happen and reporting them to each other.

For the next week, how about if you apply this process in our own self-talk. Apply labels to your thoughts, memories, feelings, sensations, and urges. You don’t have to talk this way out loud to other people, but you can if you want to.

Exercise: “Get off Your Buts.”

- This exercise is to show how habits of speech sometimes present barriers to functioning where they do not need to exist, particularly when it comes to the experiences of thoughts, feelings and sensations.
- Start by asking if the patient ever notices the experience of the word “but.”
- Notice, it is a word that can get people into difficulty, telling us that we need to be prevented from doing something when that may not be true.
- If one were to look up “but” in the dictionary, one would find that it means “except

for the fact.” When “but” is used it means that the phrase before the “but” would be true except for the fact of the phrase following the “but.”

- “But” means that there is a contradiction, that both phrases cannot be true, the first phrase is limited by the second. I might say, “I would like to get out of bed in time for work **BUT** I feel sleepy.” The “but” implies that something about feeling sleepy needs to get in my way of pushing back the duvet, putting my feet on the floor, and standing.
- There are many examples that can be considered: “I love my partner **but** I am angry at her,” “I want to be a good friend **but** I have no patience right now,” “I would go out with my friends tonight **but** I have pain (feel tired, feel anxious, etc.)” and so on.
- It is useful to note that for each statement like this a contradiction is **implied** but what is **experienced** is simply two things at once, an opportunity or a desire to act in a certain way **AND** a feeling or thought.
- This is important. Two experiences are occurring, such as love and anger, or a wish to be a good friend and impatience. It is not being directly experienced that they are irreconcilable although the “but” implies that they are.
- On occasions where “**but**” is used to imply a conflict between a course of action and a feeling, it is almost always a more accurate reflection of reality to replace the “**but**” with the word “**and**,” “I love my partner **AND** I feel angry,” or “I want to go out with friends **AND** I feel pain.” After this discussion patients can be asked to watch when they use the word “but” and replace it with the word “and” to open up more free choice of actions that may be in directions they most want to go.

8. Just one more thing. How will you know when you may need to use your defusion skills? Here are some clues:
- a. Your thoughts are old, familiar, stale, and lifeless.
  - b. You are so deep into your thoughts that the world outside your thoughts disappears.
  - c. You are doing a lot of comparing or evaluating.
  - d. You are stuck in other times, either the past or the future.
  - e. Your thoughts have a heavy “right and wrong” feeling.
  - f. Your thoughts are busy, racing, repetitive, or confusing.

*NOTE: In this defusion material, consider an active or interactive exercise, such as take your mind for a walk.*

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## CONTACT WITH THE PRESENT MOMENT

One of the problems with thoughts is that they disconnect us from the world as it is available to our senses and they disconnect us from the present moment. Stuck inside our thoughts it is like we are living a past filled with losses, regrets, and pain, or in a future filled with fear and worry.

1. Check in with between session work and progress.
2. There are two exercises to do in this part of treatment. Both of these are to help in skills to stay more focused on the present.
3. One of the exercises is called “tracking thoughts in time.”
4. The other exercise is a body awareness exercise.

### Exercise: Tracking your thoughts in time

Because there are so many things to be mindful of, and this practice is not easy to develop, we want to start off small. I would like to begin by having you track your thoughts along a single dimension – time.

When thoughts, feelings, or bodily sensations arise, they tend to be associated with a certain time period in your life. Some lie in the past, some in the present, and some in the future. Even fantasies that have no basis in reality at all are generally associated with a particular time frame.

To see this more clearly, take the next five minutes and track where in time your thoughts lie. Take a moment to center yourself. Breathe deeply and slowly from your abdomen a few times. When you are relaxed, just let your mind wander at its will and watch what comes up.

While doing this, put your finger on an imaginary time line, either on a table in front of you or somewhere like your trouser leg. As thoughts arise, slide your finger to the point on the time line that the thought corresponds to. Imagine the time line including five points: distant past, recent past, present, close future, and distant future. You can choose any of these points for any thought that arises. However, note that this is a continuum, and you can use any point that makes sense, not just one of the five points. Try to be accurate about what is happening without judging what comes up. Just watch it and note where in time the thought lies.

Now, take the next five minutes, let your mind go, and track your thoughts in time.

(after five minutes) What did you notice about your thoughts? Was there a specific time that kept coming up, or did your thoughts move throughout time? Write a few notes on your experience:

It is likely that your thoughts moved around throughout time. If they kept moving back to one place, that's fine too. The point is simply to notice the thoughts and where they occur in time. There are no judgments that need to be made based on this information.

Learning to be mindful of where in time your thoughts are can be helpful in shifting your focus to the present moment. Let's repeat the exercise with a slightly different intention.

This time do the exercise with the (gentle, defused) intention to stay more in the present. When your mind drifts and your finger moves to the right or left, just notice what is actually happening in the present moment. If you are drifting, notice that. If you are having a thought about the future or past, notice that you are now having a thought. When you do that, you are back in the present and your finger will be able to drift back toward the middle.

Notice that if you get too intentional (“I must go for the next five minutes with my finger on the word ‘present’”), you will actually enter the verbal future, or past (“I haven’t been doing it!”). If that happens, notice that you are now having a thought, and let go of your fusion with the content of that thought.

With practice, you can stay in the present for a larger percentage of time, and your finger will serve as a kind of biofeedback meter to train you in all of the methods your mind uses to knock you out of the present. This exercise can be done anywhere, anytime. You can do it easily while walking, sitting, or standing. It is fun and a useful little form of practice.

### Exercise: Free Choice Bodily Awareness

- Gently close your eyes.
- Notice your ears become more alert.
- Be aware of sounds for a few moments and then gently turn your attention to your breathing.
- Spend a few moments just paying attention to your breath, such as around your nose, or in your chest.
- If you find your mind wandering, as minds tend to, gently say to yourself “wandering” and refocus on the breath.
- After following your breath for a period of 1 or 2 minutes, gently release your attention from breathing and begin to attend to whatever arises in your body.
- You may notice a tingling sensation, numbness, pain, warmth, cold, pressure, or some other sensation.
- Your job is to simply notice what you notice and let it go, moving on to the experience of the next moment.
- Simply follow whatever comes into your awareness of your body from moment to moment.
- Allow sensations to be present for you without trying to block them.
- Don’t cling to any experience; gently observe.
- Notice how they come and go.
- Notice how your mind will hook you and take you out of the process. There may be judgments or evaluations of sensations that are present or there may be urges to do something with the sensations present – bring your attention back and simply notice – this is all part of the process.
- This exercise is about simply being present with the changing sensations of your body.
- Now (after about 6 minutes), return your attention to your breath, for a couple minutes.
- Then gently open your eyes, completing this exercise.

5. Both of the exercises from his part of treatment can be readily practiced between sessions. Negotiate some level of practice of some combination of these for a week or two, preferably daily, with the idea that if they help practice can continue on some basis.
6. Address practice of these with goal-setting methods.
7. Also, consider the “notice five things” exercise (appendix) for use in session and self-directed practice.

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## SELF AS CONTEXT AND THE OBSERVING SELF

Earlier the notion was introduced that “you are not your thoughts.” This may be a provocative idea and in different senses this is both true and untrue, and that is not the point. The point is that thoughts we have about ourselves, our stories of who we are, can be among the most sticky and entangling experiences we have. These experiences can provoke the most struggling or defense and can be painful. In this part of treatment the focus is on developing a skill set we call “observing self,” “observer self,” “self-as-observer,” or the like. This is about observing experiences from a certain point of view or from a certain distance. For patients we say “this is distinctly something you can do but not something your mind or thinking self can do,” so we do this by practicing the experience of it.

1. Check in with exercises done, between session practice, progress being made, and barriers being encountered.
2. Use process of psychological flexibility and address issues that appear important to overall progress.
3. Set the agenda for the session: building self-as-observer skills.
4. The primary exercise to do here is called the “observer exercise,” although others can be substituted, such as the “experientially I’m not that” exercise from GOYM.
5. And first, a brief exercise to get in touch with who you think you are.

### Exercise: The Conceptualized self

We all have explicit and implicit thoughts and beliefs about who we are as a person. We basically take these as literally true without ever questioning them and often without consciously noticing them as what they are.

Let’s record some of our answers to the following questions.

I am a person who...

I am a person who does not...

I am a person who cannot...

The best thing about me is...

The worst thing about me is...

Consider for a minute whether you have any investment in any of these, particularly the negative ones. Ask yourself, if a miracle happened, and this thing could disappear, who would be made wrong by this? Alternatively, is there any way it which this thing must continue for you to continue to be “right.” That may sound strange but consider these questions and see what appears.

One of the problems with the labels we assign to ourselves is that we are automatically pulled into defending them as if they are true. This happens because we are both expected to “know” who we are and act that way. And, what if this is not necessary?

Would it be possible to let go of the labels, the self-evaluations, if this would help you to



live the life you want to live?

Exercise: “*Observer Exercise*”

We are going to do an exercise now that is a way to begin to try to experience that place where you are not your programming. There is no way anyone can fail at this exercise: we’re just going to be looking at whatever you are feeling or thinking, so whatever comes up is just right. Close your eyes, get settled into your chair, and follow my voice. If you find yourself wandering, just gently come back to the sound of my voice. For a moment now, turn your attention to yourself in this room. Picture this room. Picture yourself in the room exactly where you are. Now begin to go inside your skin and get in touch with your body. Notice how you are sitting in the chair. See if you can notice exactly the shape that is made by the parts of your skin that touch the chair. Notice any bodily sensations that are there. As you see each one, just sort of acknowledge that feeling and allow your consciousness to move on (pause). Now notice the emotions you are having, and if you have any, just acknowledge them (pause). Now get in touch with your thoughts and just quietly watch them for a few moments (pause). Now I want you to notice that as you noticed each one of these things, a part of you noticed them. You noticed those sensations ... those emotions ... those thoughts. And that part of you we will call the “observer you.” There is a person in there, behind those eyes, who is aware of what I am saying right now. And it is the same person you’ve been your whole life. In some deep sense, this is observer you is the “you” that you call you.

I want you to remember something that happened last summer. Raise your finger when you have an image in mind. Good. Now just look around. Remember all the things that were happening then. Remember the sights ... the sounds ... your feelings ... and as you do that, see whether you can notice that you were there then, noticing what you were noticing. See whether you can catch the person behind your eyes who saw, and heard, and felt. You were there then and you are here now. I’m not asking you to believe this. I am not making a logic point. I am just asking you to note the experience of being aware and check and see whether it isn’t so that in some deep sense the you that is here now was there then. The person aware of what you are aware of is here now and was there then. See whether you can notice the essential continuity – in some deep sense, at the level of experience, not belief, you have been you your whole life.

I want you to remember something that happened when you were a teenager. Raise your finger when you have an image in mind. Good. Now just look around. Remember all the things that were happening then. Remember the sights ... the sounds ... your feelings ... take your time. And when you are clear about what was there, see whether you can, just for a second, catch that there was a person behind your eyes then who saw, and heard, and felt all of this. You were there then too, and see whether it isn’t true – as an experienced fact, not a belief – that there is an essential continuity between the person aware of what you are aware of now and the person who was aware of what you were aware of as a teenager in that specific situation. You have been you your whole life.

Finally, remember something that happened when you were a fairly young child, say around 6 or 7. Raise your finger when you have an image in mind. Good. Now just look around again. See what was happening. See the sights ... hear the sounds ... feel your feelings ... and then catch the fact that you were there, seeing, hearing, and feeling. Notice that you were there behind your eyes. You were there then, and you are here now. Check and see whether in some deep sense the you that is here now was there then. The person aware of what you are aware of is here now and was there then.

You have been you your whole life. Everywhere you've been, you've been there noticing. This is what I mean by the "observer you." And from that perspective or point of view, I want to look at some areas of living. Let's start with your body. Notice how your body is constantly changing. Sometimes it is sick, and sometimes it is well. It may be rested or tired. It may be strong or weak. You were once a tiny baby, but your body grew. You may have even had parts of your body removed, as in an operation. Your cells have died, and not all the cells in your body now were there when you were a teenager, or even last summer. Your bodily sensations come and go. Even as we have spoken, they have changed. So if all this is changing and yet the you that you call you has been there your whole life, that must mean that although you have a body, as a matter of experience and not of belief, you do not experience yourself to be just your body. So just notice your body now for a few moments, and as you do this, every so often notice that you are the one noticing [give the client time to do this.]

Now let's go to another area: your roles. Notice how many roles you have or have had. Sometimes you are in the role of a [fit these to the client; e.g., "mother ... or a friend ... or a daughter ... or a wife ... sometimes you are the respected worker ... other times you are a leader ... or a follower, " etc]. In a world of form you are in some role all the time. If you were to try not to, then you would be playing the role of not playing a role. Even now part of you is playing a role ... the patient role. Yet all the while, notice that you are also present. The part of you you call you is watching and aware of what you are aware of. And in some deep sense, that you does not change. So, if your roles are constantly changing, and yet the you you call you has been there your whole life, it must mean that although you have roles, you do not experience yourself to be your roles. Do not believe this. This is not a matter of belief. Just look and notice the distinction between what you are looking at and the you who is looking.

Now let's go to another area: emotions. Notice how your emotions are constantly changing. Sometimes you feel love and sometimes hatred, sometimes calm and the tense, joyful – sorrowful, happy – sad. Even now you may be experiencing emotions – interest, boredom, relaxation. Think of things you have liked and don't like any longer; of fears that you once had that are now resolved. The only thing you can count on with emotions is that they will change. Although a wave of emotions comes, it will pass in time. Yet while these emotions come and go, notice that in some deep sense that "you" does not change. It must be that although you have emotions, you do not experience yourself to be just your emotions. Allow yourself to realize this as an experienced event, not as a belief. In some very important and deep way you experience yourself as a constant. You are you through it all. So just notice your emotions for a moment and as you do, notice also that you are noticing them [allow a brief period of silence].

Now let's turn to the most difficult area. Your own thoughts. Thoughts are difficult because they tend to hook us and pull us out of our role as observer. If that happens, just come back to the sound of my voice. Notice how your thoughts are constantly changing. You used to be ignorant – then you went to school and learned new thoughts. You have gained new ideas and new knowledge. Sometimes you think about things one way and sometimes another. Sometimes your thoughts may make little sense. Sometimes they seemingly come up out of nowhere. They are constantly changing. Look at your thoughts even since you came in today, and notice how many different thoughts you have had. And yet in some deep way the you that knows what you think is not changing. So that must mean that although you have thoughts, you do not experience yourself to be just your thoughts. Do not believe this. Just notice it. And notice, even as you realize this, that your stream of thoughts will continue. And you may get caught up in them. And yet, in the instant that you realize that, you also realize that a

part of you is standing back, watching it all. So now watch your thoughts for a few moments – and as you do, notice also that you are noticing them [allow a brief period of silence].

So, as a matter of experience and not of belief, you are not just your body ... your roles ... your emotions ... your thoughts. These things are the content of your life, whereas you are the arena ... the context ... the space in which they unfold. As you see that, notice that the things you've been struggling with and trying to change are not you anyway. No matter how this war goes, you will be there unchanged. See whether you can take advantage of this connection to let go just a little bit, secure in the knowledge that you have been you through it all and that you need not have such an investment in all this psychological content as a measure of your life. Just notice the experiences in all the domains that show up, and as you do, notice that you are still here, being aware of what you are aware of [allow a brief period of silence]. Now again picture yourself in this room. And now picture the room. Picture [describe the room]. And when you are ready to come back into the room, open your eyes.

6. Can the patient practice the perspective of “the observer” each day for the next week by noting what they are observing and who is observing it at the same time.
7. Do some goal setting and commitment work around this if appropriate.

## VALUES CLARIFICATION AND VALUES-BASED ACTION

Values-based actions are ways of living that are guided by what patients hold as important or care the most about, sometimes called “what you want your life to stand for.” Values provide the basis for choices and the criteria for “workability.” Values also legitimize the confronting of painful, discouraging, and other challenging psychological experiences that arise during treatment and in daily life.

1. Check in and discuss the patient’s experiences so far. Remember do not let the session drift from too much commotion being generated – remember to engage.
2. See if there is some material showing up that is related to the intended topic of the day: values.
3. Consider the following questions:
  - a. Deep down inside what is important to you?
  - b. What do you want your life to be about?
  - c. What sort of person do you want to be?
4. These can be difficult questions and curiously people rarely stop to answer them unless they are in treatment like this.
5. You may point out first that discussions of values often have both an encouraging AND painful side to them – can they see initially how this might be so?
  - a. Clarify that the challenge of looking at values is that it can be painful to see the distance between what we hold as important and what we are achieving.
  - b. Caring about something means opening ourselves up to loss and being hurt.
  - c. The other challenge with values is to get at these separate from the mind saying “it’s impossible” or separate from other people’s desires or goals. Touch on this at various points and see if people are contacting and understanding these issues.
6. Differentiate values from goals.
  - a. Goals are measurable and achievable; values are ongoing qualities of behavior.
  - b. Use the distinction between “going west” and “going to \_\_\_\_\_ (indicate appropriate destination city).” You may act this out metaphorically by moving about the room.
7. Clarify that values are to be chosen and described as if no one else needs to know them.
8. Ask the patient to report on a value they hold as important.
  - a. Shape these away from values that are defined according to a feeling, “and what would you be doing when you are feeling happy?” or “and what would that look like?”
  - b. Keep watching out for barriers to values clarification that take the form of “I can’t” or unhelpful social influences.
  - c. Ask for more detail when values are defined vaguely, such as simply “my family.” “And how is it that you want to participate in or with your family, what would that look like?”
  - d. Once one values statement is defined consider shaping others, etc.
  - e. If there is resistance or avoidance, say that taking about values itself is a values based action. Address resistance with willingness, defusion, (or methods for “rolling with” resistance).
9. Distributing the Values Assessment Rating Form, possible to do at home.

10. Consider one of the imaginal values clarification exercises, either the designing your tombstone or attending your own funeral exercise from ACT or one of the variants of these.
11. Or consider asking the patient to imagine they are 80 years old and looking back on their life as it is today. Then write down what they would say to complete the following sentence:
  - a. I spent too much time worrying about...
  - b. I spent too little time doing things such as...
  - c. If I could go back in time, then what I would do differently from today onward would be...

Exercise: Ask the patient, identify one values domain that is important to work on right now and say something like the following: "Close your eyes and, and settle in to being here and now. And, without needing to make any commitment, without needing to agree to take any action, imagine one large commitment and one small commitment, possibly the smallest one possible, that you could do in line with your values today. Notice what shows up in your experience as you consider these commitments. What does the mind say? First, having to DO this is NOT the issue, simply identify what these would be. ... And, once these are identified, open your eyes, and write them down."

Now, will you do the small one? Today?

## COMMITTED ACTION

Committed action is the choosing and re-choosing of a course of action. It is the flexible persisting with a course even when that course includes pain or failure.

1. Life includes experiences that are painful. As we were saying last time, as soon as we care about something this makes us vulnerable to feeling hurt or anxious. One choice here is to not care, but this gives you a life that is empty and feels dead.
2. Last time we talked about values. Life is presenting you with a question in relation to these. Will you commit to pursuing them, and to accepting the discomfort you experience along the way, and the ways your mind will try to talk you out of it?
3. The question is “yes” or “no.” And if you answer “yes” you are not done, life will ask you this question again and again.
4. Saying “yes” does not make life easy, but it is certain to make it more alive.
5. This process is about courage and being bold. It does not have to be about making huge steps. Small steps are fine. It is movement we want, no matter how small. This is about the long run. This is not about quick solutions.
6. It is time again to select some of your values that need your attention.

### Exercise: Goal Setting

Now we will develop a plan for you to take action according to what is important to you. We are interested in both short term goals or steps and long term goals. Help guide the patient through the following process

- Look over your values work and let's identify relevant high-priority values domains and develop a goal.

Right now identify a goal that you feel is practical, obtainable, and leads you in the direction of your values. Write this down.

- Now let's create an action plan. [Do this with patient.]

What smaller steps will you need to do so that your chances of reaching your goal is very likely. List these. Commit to when you will do these. Which one will you do now?

- Barriers will come up and many of these will need your skills in willingness, defusion, contact with the present, and your observer self.

Close your eyes and picture yourself engaging in the actions you are describing here. Watch the psychological barriers that come up. Write down each potential barrier you notice.

- Small patterns you begin with will then be built into larger and more natural patterns in more situations and over time.

7. You are likely to notice that the process of pursuing goals and values may feel unnatural at first. It may not feel like it is happening with ease. It may feel uncertain and you may feel anxious as you take actions that are new or that you have not done in a while. This is all part of the path toward change. Ask yourself whether your goals and values are worth it so that having these experiences is acceptable. If your answer is “yes,” then you can keep moving. If your answer is “no,” then you may want to review your goals and values.
8. Use the goal setting exercise worksheet that follows this general process and can be used at home.
9. Remember, the committed action skills being introduced here are more than setting goals and trying to reach them. Committed action is really about what happens when barriers show up and about long term patterns of behavior.
10. As you know a small change you do only once is unlikely to improve your life very much. Consider doing one of the following just once and never doing it again: exercising, eating healthy, expressing affection, accepting a social invitation. Where is this likely to get you?

Notice that the following can be a frequent behavior pattern:

**Make a commitment → Break a Commitment**

And this is only a short step away from

**Make a commitment → Break a Commitment → Quit a Commitment**

Or the following:

**Make a commitment → Break a Commitment → Quit a Commitment → Feel Bad about Quitting**

Or even:

**Make a commitment → Break a Commitment → Quit a Commitment → Feel Bad about Quitting → Fear Making Commitments → Give Up Making Commitments**

If you want to create a different pattern consider the following:

**Make a commitment → Break a Commitment → Keep a Commitment**

That's you doing committed action! If this is important to you consider making your commitment more real and easier to follow by sharing it with others.

**OPTIONAL AND ADDITIONAL SESSION CONTENT**



### Exercise: Changing Behavior/Changing Focus

The focus of this exercise is on awareness and observing behavior. Its purpose is similar to mindfulness treatment methods. The notion for participants to experience is that when working toward life goals, maintaining focus on the circumstances that help you reach those goals is useful if not necessary. Focusing on experiences to avoid, such as pain or other uncomfortable feelings, can interfere with that.

The act of focusing is important in treatment of pain because of the mutual control this entails. When I “look at” an object or experience I both bring my behavior into contact with the object or experience and, potentially, bring my behavior under the control of the object or experience at the same time.

1. Begin the session where this module will occur in the usual manner, briefly checking in with the group and looking for what is most appropriate to do.
2. The way we view things is often a matter of focus.
  - a. Put a finger up in front of your face and focus on it. What do you see? How clear are other objects and people in the room? (pause)
  - b. Now, notice what happens when you change your focus to the things several feet in front of you, or to the opposite side of the room. Now what do you see clearly and what seems to blur to a shadow? ... Which kind of focus gives you a broader picture of the world, or enables you to see more of what’s around you? ... Which way would it work best if you needed to see where you are going?
  - c. When you focus on something close up, the things in the distance blur or disappear, become unrecognizable. Likewise, it becomes more difficult to know if you are headed in the direction you want to go, or if you have arrived at your destination. If you can change what you are focusing on, the picture you have of the world might be quite different. You may have a different “perspective.” The finger in front of your face is one thing you can focus on.
  - d. “Problems” may happen when you continue to focus only or mainly on one thing and you can’t see where you are going. After a while you may think that it is because of the **finger** itself, not because of your **focusing** on it. Without the focusing on the finger it is not the same matter.
3. Consider moving the focus specifically to concrete terms related to “destinations,” goals, and values.
4. Consider touching on whether goals can have “value” regardless of whether pain is present or absent. Discuss what happens when no pain or minimal pain is part of the goal -- the original “goal” blurs or shrinks as awareness of pain increases.
5. A possible extension of the above exercise is to consider having the patient get up from their chair and walk around the room with the finger in front of their face.
6. It will be noticed that as well as being an awareness and focusing exercise, this is also a willingness exercise.

### Exercise: Walking Meditation

One simple way for bringing awareness into your daily life is to practice walking meditation. This means bringing your attention to the actual experience of walking as you are doing it. It means walking and knowing you are walking rather than walking and thinking of where you are going, worrying about other things, and having your mind somewhere else.

Walking meditation involves intentionally attending to the experience of walking itself. It involves focusing on the sensations in your feet or your legs or, alternatively, feeling your whole body moving. You can also integrate awareness of your breathing with the experience of walking.

1. We begin by making an effort to be fully aware as one foot contacts the ground, as the weight shifts to it, as the other foot lifts and moves ahead and then comes down to make contact with the ground in its turn.
2. Try to pick on one aspect of your walking rather than changing all the time (e.g., either your feet, or legs, full gait, or breathing, etc).
3. When the mind wanders away from the feet or the legs or the feeling of the body walking, simply bring it back when you become aware of it.
4. To deepen concentration, do not look around at the sights, but keep your gaze focused in front of you.
5. Practice letting your walking be as it is without the content of your mind rushing your body, turning your head, or changing your walking.
6. You do not need to look at your feet.
7. If you choose to do your walking in a fashion that does not look like normal walking, choose a place where you will not be scrutinized.
8. Choose a pace that maximizes your ability to concentrate. This is usually slower than your normal pace.
9. Look internally at the felt sensations of walking, nothing more.
10. Because we live so unconsciously we take things like walking for granted. But, it is an amazing balancing act, given the small surface area of your feet.
11. You may notice that sometimes when we are conscious or observing our walking, we can feel awkward or nearly lose our balance. You could almost say that we don't know how to walk on purpose or consciously.
12. When you try this make a specific intention to try it for a set period of time, possibly ten minutes or more.

Note that many people are unable to walk due to irreversible injury or illness.

You can practice meditation walking at any pace, including very slowly. Walking meditation is not to get anywhere. It is just to be with walking completely. If you come to practice walking meditation formally and have experience, you will find that you can practice informally in many different situations.

### Exercise: Experientially I'm Not That

This is an awareness exercise and a “self-as-context/observer.” The instructions are simple so you will be able to memorize them and then do the exercise without having to look at a script.

1. Simply get seated comfortably in a chair, such as in front of a small desk near a wall, or in a room with a number of objects in front of you. There should be several objects in front of you.
2. Take a couple deep breaths and then start by looking at a spot on the wall while breathing deeply and regularly. Keep your eyes on one spot for at least 10 to 15 seconds or thereabouts.
3. At some point after that (don't rush it), it will occur to you experientially that you are looking at the wall, and thus at an experiential level (in some sense of the term) you are not the wall. This is a distinction that is available in direct experience. We are not talking about a verbal belief that you are not the wall. If that were the point, we wouldn't need an awareness exercise since few of us believe we are the wall.
4. If your mind begins chattering to you about the truth or falsity of this belief (“well in one sense you are the wall...after all, you are the sum total of your experiences ... etc), just thank your mind for the thought, notice that the person observing even that thought is not itself the thought you are observing, and then turn your attention back to the wall.
5. Don't let your mind rush you through this, and don't collude with your mind to try to figure this all out. This is not a verbal exercise, it is an experiential one.
6. When that experiential distinction between the observing self and the events observed comes into awareness, just notice it and gently file it away (do not try to believe the distinction or your mind will start chattering away, arguing, interpreting, and so on).
7. Now turn your gaze to an object on the desk, on the floor, or in the room in front of you. Repeat the same process with the new object (look at the object until the distinction between you, the conscious observer, and what you are conscious of occurs to you experientially, not merely as a matter of belief or disbelief). Continue doing this until several of the objects have been looked at (do not rush it!).
8. Then close your eyes and notice one at a time whatever pops up in your consciousness (bodily sensations, thoughts, and so on) in exactly the same way as you did with external objects. After you have done this several times (do as many as you like), finish by opening your eyes and repeat looking at the wall until the experiential distinction between looker and what is looked at becomes apparent.

### Metaphor: Jump

The client may begin to promote the idea that willingness can be achieved via sequential steps. [They may put conditions on it such as “later,” when they have had more time to think about it, or when they feel more confident.] Willingness is not measured by the magnitude of the situation the client tackles; it is the “whole act.” As the Zen saying goes, “You cannot jump a canyon in two steps.” The *Jump Exercise* makes this point.

1. Willingness is like jumping. You can jump off lots of things. [Therapist takes a book and places it on the floor and stands on it, then jumps off.]
2. Notice that the quality of jumping is to put yourself into space and then let gravity do the rest. You don't jump in two steps.
3. You can put your toe over the edge and touch the floor but that is not jumping. [Therapist puts toe on the floor while standing on the book.] So jumping from this little book is still jumping. And it is the same action as jumping from higher places.
4. [Therapist gets on a chair and jumps off.] Now this is jumping too, right? Same quality? I put myself into space, and gravity does the rest. But notice, from here I can't really put my foot down very well. [After getting back up on the chair, the therapist tries awkwardly to touch the floor with a toe.]
5. Now, if I jump off the top of this building, it would be the same thing. The jump would be identical. Only the context would have changed. But from there it would be impossible to try to step down.
6. There is a Zen saying, “You cannot jump a canyon in two steps.” Willingness is like that. You can limit willingness by limiting context or situation.
7. You get to choose the magnitude of your jump. What you can't do is limit the nature of your action and still have it work.
8. Reaching down with your toe is simply not jumping.
9. What we need to do here is to learn how to jump: we can start small, but it has to be jumping from the very beginning or we won't be doing anything fundamentally useful. So, this is not about learning to be comfortable, or grit-your-teeth exposure, or gradually changing habits. This is about learning to be willing.

## Metaphor: The Swamp

Journeying and growth metaphors are another powerful means to legitimise obstacles and to make moving through them a valued act. Many clients have long-standing and strongly reinforced avoidance repertoires that can be expected to reappear. As demonstrated in the *Swamp Metaphor*, the client's job is not just to determine direction, but to reaffirm that direction when obstacles appear. The Swamp Metaphor highlights the fact that when we are travelling in a particular direction, the journey can take us across difficult ground. It also communicates that we don't walk into pain because we like pain. We walk through pain in the service of taking a valued direction.

1. Suppose you are beginning a journey to a beautiful mountain you can see clearly in the distance.
2. Not sooner do you start the hike than you walk right into a swamp that extends as far as you can see in all directions.
3. You say to yourself, "Gee, I didn't realize that I was going to have to go through a swamp. It's really smelly, and the mud is all mushy in my shoes. It's hard to lift my feet out of the muck and put them forward. I'm wet and tired.
4. Why didn't anyone tell me about this swamp?"
5. When that happens, you have a choice: abandon the journey or enter the swamp.
6. Therapy is like that. Life is like that.
7. We go into the swamp, not because we want to get muddy, but because it stands between us and where we are going.

From: Hayes et al. 1999.

Exercise: What Are the Numbers?

ACT method to show the arbitrary nature of personal history, to show how easy it is to “program” irrelevant and non-functional private responses.

Suppose I came up to you and said, “I’m going to give you three numbers to remember. It is very important that you remember them, because several years from now I’m going to tap you on the shoulder and ask “What are the numbers?” If you can answer, I’ll give you a million pounds. So remember, this is important. You can’t forget these things. They’re worth a million pounds. OK. Here are the three numbers: Ready? One,...two,...three. Now – what are the numbers?

Patient: One, two, three.

Therapist: Good. Now don’t forget them. If you do, it’ll cost you a lot. What are they?

Patient: One, two, three.

Therapist: Great. Do you think you will remember them?

Patient: I suppose so. If I really believed you I would.

Therapist: Then believe me. A million pounds. What are the numbers?

Patient: One, two, three.

Therapist: Right. Now if you really did believe me (actually I lied) it’s quite likely that you might remember these silly numbers for a long time.

Patient: Sure.

Therapist: But isn’t that ridiculous? I mean, just because some psychologist wanted to make a point here, you might go around for the rest of your life with “one, two, three” in your head for no reason that has anything to do with you. Just an accident, really. Crazy luck. You’ve got me as a therapist, and the next thing you know you have numbers rolling around in your head for who knows how long. What are the numbers?

Patient: One, two, three.

Therapist: Right. And once they are in your head, they aren’t leaving. Our nervous system works by addition, not subtraction. Once stuff goes in, it’s in. Check this out. What if I say to you that it’s very important that you have the experience that the numbers are not one, two, three. OK? So I’m going to ask you about the numbers and I want you to answer in a way that has absolutely nothing to do with one, two, three. OK? Now, what are the numbers?

Patient: Four, five, six.

Therapist: And did you do what I asked you?

Patient: I thought “four, five, six,” and I said them.

Therapist: And did that meet the goal I set? Let me ask is this way: how do you know four, five six, is a good answer?

Patient: Because it isn't one, two three.

Therapist: Exactly! So, four, five, six still has to do with one, two, three, and I asked you not to do that. So let's do it again: Think of anything except one, two, three – make sure your answer is absolutely unconnected to one, two, three.

Patient: I can't do it.

Therapist: Neither can I. The nervous system works only by addition – unless you get a lobotomy or something, four, five, six, is just adding to one, two, three. One two three is in there, and these numbers aren't leaving. When you're 80 years old, I could walk up to you and say, "what are the numbers?" and you might actually say, "one, two, three" simply because some guy told you to remember them! But it isn't just one, two, three. You've got all kinds of people telling you all kinds of things. Your mind has been programmed by all kinds of experiences. [Add a few relevant ones, if possible, such as, you think "I'm bad" or I don't fit in" or "I can't." But how do you know this is not just another example of one, two, three? Don't you even notice that these thoughts are in your parent's voice or are connected to things people told you?] If you are nothing more than your reactions, you are in trouble. Because you didn't choose what they would be, you can't control what shows up, and you have all kinds of reactions that are silly, prejudiced, mean, loathsome, scary, and so on. You'll never be able to win at this game.

Seeing that reactions are programmed undermines both the credibility of mounting a successful struggle against undesirable psychological content (because these reactions are automatic conditioned responses) and the need for this struggle (because they do not mean what they say they mean). "I'm bad" is not inherently any more meaningful than "one, two, three."

### Exercise: Notice Five Things

This very brief exercise is a mindfulness-based or sensory-focus exercise that helps develop the skill of connecting to the present moment and getting out of a mental or verbal mode of contacting the world.

1. Pause.
2. Look around and notice five objects you can see.
3. Listen carefully and notice five sounds you can hear.
4. Notice five things you can feel in and around your body.



Exercise: Very Brief Self-as-Observer Exercise

Just as it says this is a quick exercise to develop participants sense or skill at self-as observer.

1. Close your eyes or set your gaze on a specific point in front of you.
2. Notice feelings in your body.
3. Notice thoughts in the mind.
4. Notice sounds around you.
5. Notice that you are noticing feelings, thoughts, and sounds.
6. Notice a distinction between the thinking mind and the observing mind.

### Exercise: Mental Polarity Exercise

A link between self-conceptualization and successful performance is deeply imbedded in popular culture and is widely promoted in Psychology, for example, in the form of self-efficacy. Clients often enter therapy seeking to eliminate negative and limiting self-beliefs and to produce self-confidence. ACT introduces the notion, and where needed shapes the experience, that it may be not so much the positive or negativeness of beliefs that is the problem, but attachment to beliefs.

This exercise is about ways that overattachment even to very positive beliefs can have unhelpful effects, a sense of unease, or threat.

Have the client close his or her eyes and ask the client to think thoughts that are described by the therapist and see what happens. Encourage the client to really try to believe these thoughts 100%. Start with positive thoughts and gradually make them more and more extreme (e.g., start with "I'm a valid person" and progress to "I'm perfect"). Ask the client to notice what the mind does with the input. Then repeat the same process with negative thoughts (e.g., start with "I have flaws as a person" and progress to "I'm 100% worthless. There is nothing about me that has any positive features"). Again, ask the client to notice what happens.

In debriefing, note what came up, which were harder (positive or negative thoughts), and so on. Usually, the more extreme the positive thoughts, the more the client resisted with negative ones, and vice versa. The point can be drawn out that there is no peace of mind at the level of content, because each pole pulls its opposite. Peace of mind is to be found elsewhere.

Parenthetically, it can be worthwhile to tell the client about the etymology of *perfect*. The first part of the word ("per") comes from a term that means "thoroughly." "Fect" comes from the same root as the word factory and means "made." In normal language, wholeness and perfection seem to be issues of evaluation. If to be perfect, however, is to be thoroughly made, perhaps perfection is more a matter of presence or wholeness. The idea "I am missing something" also comes in a moment that is always absolutely whole. No second contains more life than any other second, even the seconds that are filled with thoughts of how incomplete we are. The experience of that very thought can be complete.

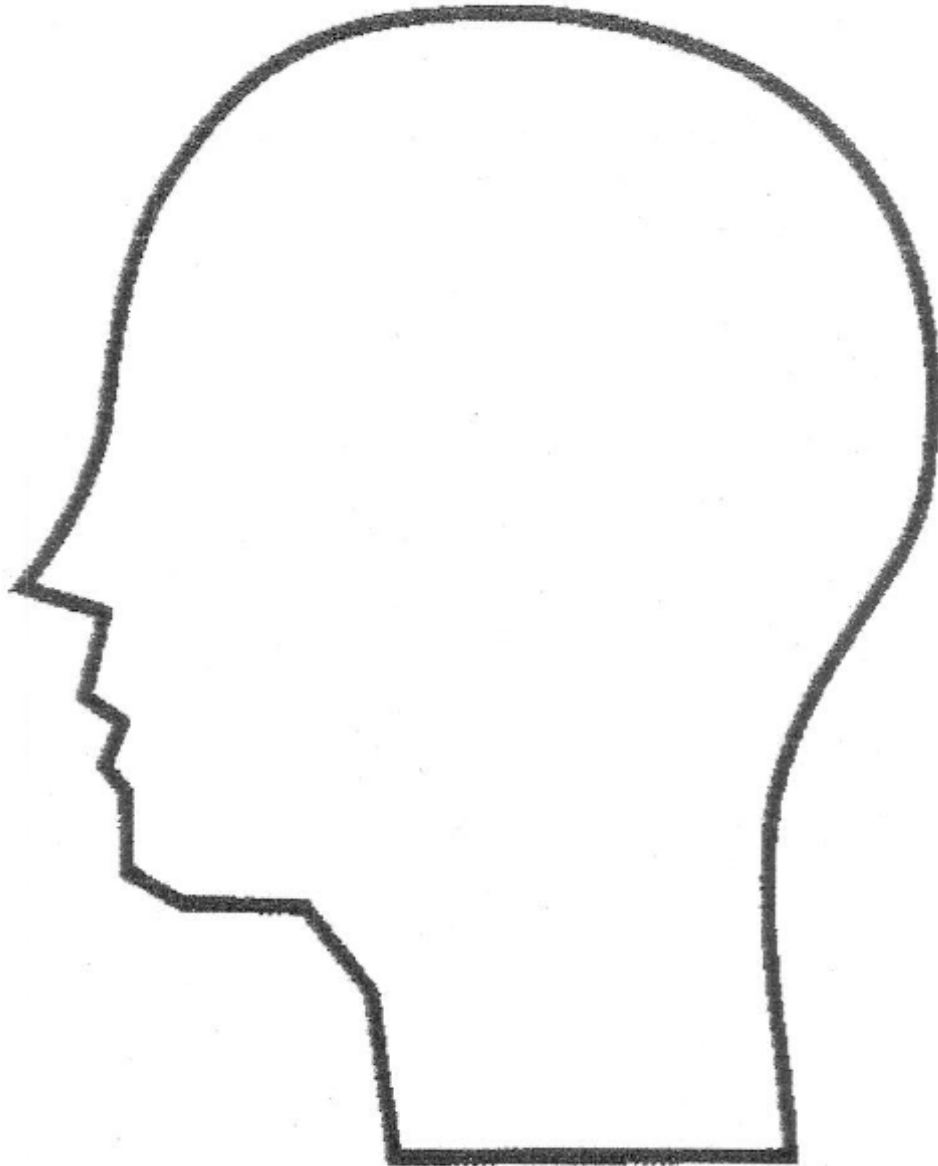
## EXERCISE FORMS AND WORKSHEETS

THE STRUGGLE WITH PAIN

For most people in treatment for chronic pain the experience of pain has become a barrier in their life. They also spend quite a lot of time trying to reduce or control their pain. We ask you to take some time to reflect on whether you are doing this and on how effective it is. Consider your own treatments and other methods you have been using, for example, resting, stopping work, taking medication, having procedures, and avoiding certain activities. How effective have these been, in the short term and in the long term? Are these methods helping you to do more of the things you want to do? Do they ever interfere with this? Complete the following exercise and see what there is to learn.

<b>WHAT HAVE YOU TRIED TO REDUCE OR CONTROL YOUR PAIN?</b>	<b>SHORT TERM RESULTS ON PAIN</b>	<b>LONG TERM RESULTS ON PAIN</b>	<b>LONG TERM RESULTS ON QUALITY OF LIFE</b>

## Willingness Exercise



Inside this head write down a single troublesome emotion, memory, thought, sensation, or urge that you have been struggling with. Now look at what you've written. Does it evoke other strong and difficult feelings, thoughts, or other experiences that are themselves the target of struggles? If so, write them down inside the head too, because they are "fellow travellers" with your initial pain. Continue doing this until you have everything written down. Remember, acknowledging that you are struggling with a head full of these issues is itself a kind of willingness. Willingness is the answer "yes" to the question "Will you take me as I am?" Willingness is choosing. It is not wanting, being forced, conditional, self-deceptive, trying, or believing.

As a physical metaphor for real change in your life, are you willing to put your head on paper into your pocket and carry it for a while? How about one hour or more a day? If that is too much right now, you choose, specify it, and commit to doing so.

## Values Assessment Rating Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

A value is a direction in life that you would like to move towards (e.g., the direction of West), but that you cannot arrive at, once-and-for-all (i.e., you can always keep moving West). In contrast, goals are attainable destinations in your valued direction (e.g., going to American from Europe). Thus, being a loving partner or a helpful colleague are both values, because you have to keep living like one, or you will cease to be one. Values are important because working towards them brings meaning and purpose to our lives.

The following are some possible domains in which people have values. Not everyone will view these domains the same, and this worksheet is not a test to find the "correct" values. Please list the most important values that you have in the domains indicated. In choosing your values, only write down those that **you** really want to work towards. In other words, before writing one down, ask yourself: "Would I write this value down, if nobody could know that I was working towards it?" If the answer to this question is "no," then this is not a true value for **you**, and you may want to look deeper into this domain.

Try to identify at least one statement of your value in each domain. For each value, rate how important it is on a scale from 1 (high importance) to 10 (low importance). Rate how successfully you have lived this value during the past month on a scale from 1 (very successfully) to 10 (not at all successfully). Finally rank these values in order of the importance you place on working on them right now, with 1 as the highest rank through to the number of values you listed.

Domain	Valued Direction	Importance	Success	Rank
Relationships				
1.				
2.				
Health and Wellbeing				
1.				
2.				
Work				
1.				
2.				
Leisure				
1.				
2.				







### Goals, Actions, Barriers Form

Please list some goals, actions, and barriers to values-based action for each of the valued directions that you identified on your Values Assessment Rating Form.

Recall that a **value** is a direction in life that you would like to move towards, but that you cannot arrive at, once-and-for-all. In contrast, **goals** are attainable destinations in your valued direction. **Actions** are concrete steps that you can take to accomplish your goals.

Valued direction (from Values Assessment Rating Form)	Goals	Actions	Barriers
Relationships			
1.			
2.			
Health and Wellbeing			
1.			
2.			
Work			
1.			
2.			
Leisure			
1.			
2.			

## Goal Setting

Considering your values, particularly the ones that are moderately to highly important to you AND the ones that you rank as important to work on right now, identify one or two domains in which you would like to make a change.

### Tips on goal setting

Goals are more likely to lead to success if they have the following qualities referred to as SMART

**S**pecific  
**M**easurable  
**A**ttainable  
**R**elevant  
**T**ime-specific

- Goals should be precise and action-oriented so that you know just what you need to do and under what circumstances. “Get fit” is a vague goal, and “walk 500 meters at least three times per week” is specific.
- “Measurable” is another way to say that there needs to be a way that you can identify when your goal has been reached. If your goal is to exercise as least four times per week, for 35 minutes each time, for example, you can place a calendar on your refrigerator, make a check mark each time you exercise, and count your marks at the end of the week.
- Goals work best if they have an achievable or “attainable” quality. If goals are set too high can feel impossible or discouraging or can set you up for failure. At the same time goals set too low can feel as if they are not a challenge. Likewise it is useful to consider whether you have the skills you need so that your goal is “do-able.” If you do not yet have a skill perhaps an initial step would be to learn it.
- We began the process of setting goals with a values exercise. This is to help your goals to reflect what is important to you in your life so that they are what we refer to as “relevant.”
- Finally, it will help to set a deadline for each goal you set. We all need deadlines at times to assure that we do not put off doing the things we want to do. Setting a deadline gives you a clear target to meet and makes your goal “time-specific.”

### Another tip!

Be sure you avoid goals that define something you do not want to do rather than something you want to do. “Rest less” or “stop watching TV” are vague and negative goals and are not likely to feel vital should you try to meet them. “Walk the dog each day for 30 minutes” is both specific and positive.

## Goal-Setting Worksheet

If you want to achieve your goals there are several techniques that are proven by research to significantly increase your chances:

- Write down your goal
- Make a specific action plan
- State the value that will be reflected in pursuing this goal
- Make a public commitment
- Review and plan for barriers to reaching your goal

1. The specific goal I want to achieve is \_\_\_\_\_

### 2. My action plan

(Each step should itself be a SMART goal. Only specify as many steps as needed.)

a. My first step \_\_\_\_\_

b. I will achieve this by the following date: \_\_\_\_\_

a. My second step \_\_\_\_\_

b. I will achieve this by the following date: \_\_\_\_\_

a. My third step \_\_\_\_\_

b. I will achieve this by the following date: \_\_\_\_\_

a. My fourth step \_\_\_\_\_

b. I will achieve this by the following date: \_\_\_\_\_

### 3. My values that will be reflected in pursuing this goal?

\_\_\_\_\_  
\_\_\_\_\_

### 4. This step is called "Going Public"

Consider who you will tell or how you will otherwise publicize your goals or subgoals, with your family, friends, or colleagues. You could meet or telephone a friend, e-mail people you know, or display some type of announcement in a visible place, such as at home or at work.

I will make a public commitment to my goal by...

\_\_\_\_\_

## 3. Goals and Barriers

When it comes to setting goals it is helpful to focus on the positive aspects of reaching them. This can also feel good. On the other hand, we know that our chances of success in reaching goals can also be helped by remaining aware of potential barriers. The following exercise is to help you keep moving in a step-by-step fashion toward your goals and to incorporate or prevent the effects of barriers.

Use the following exercise to help you reach any of your current goals.

<p>1. My goal _____</p>	
<p>2. Potential benefits and setbacks</p> <p style="margin-left: 40px;">a. Write down one word that reflects an important way in which your life will be better when you achieve your goal</p> <p style="margin-left: 120px;">_____</p> <p style="margin-left: 40px;">b. Write down one word that reflects a barrier that appears to be standing in the way of you reaching your goal</p> <p style="margin-left: 120px;">_____</p> <p style="margin-left: 40px;">c. Write down another word that reflects an important way in which your life will be better when you achieve your goal</p> <p style="margin-left: 120px;">_____</p> <p style="margin-left: 40px;">d. Write down another word that reflects a barrier that appears to be standing in the way of you reaching your goal</p> <p style="margin-left: 120px;">_____</p>	
<p>3. Say more</p> <p style="margin-left: 40px;">First describe in further detail all of the benefits that will come from reaching your goal:</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Now consider the barriers that might occur, particularly noticing the difference between barriers that are practical or fixable and those that are more like psychological experiences you are having about your goal, such as anxiety or feeling unsure:</p> <p style="margin-left: 40px;">List the barriers that are psychological. These can include thoughts that are discouraging, emotional experiences, such as fear or worries, sensations in your body, such as pain, or others. Simply list and describe these here, labeling each as what it is, a thought, a sensation, an emotion, a memory, and so on. Then list one of your particular skills you will use to accept, defuse, observe, and so on:</p>	
Psychological Barriers	Strategy to Address Barriers

<p>Now list the practical or fixable barriers that might occur and describe how you will deal with each:</p>	
<b>Practical Barriers</b>	<b>Strategy to Address Barriers</b>

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