

Sex and Drugs and Thought Control

Acceptance and Commitment Therapy
in the Treatment of OCD

A Tiny Bit About Me

- Clinical psychologist at *The Sydney ACT Centre*
 - Range of presentations
 - Most commonly anxiety and depression
- Postdoctoral fellow at the *eCentreClinic*, Macquarie University
 - Online CBT courses for anxiety and depression
 - Development and evaluation of courses

Overview

- A bit about the client
 - Presenting problems
 - Early history
- A bit about ACT
 - The model
 - ACT for OCD
- A bit about what we did
 - Session summaries
 - What worked well
 - Room for improvement

The Client – Demographics

- 'Brad'
 - 24-year-old straight Caucasian male
 - In a relationship – girlfriend also diagnosed with OCD
 - Psychology undergraduate student
 - Living with his mother

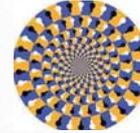
The Client – Presenting Problems

- OCD – contamination obsessions and washing compulsions
 - Fear of contamination by hallucinogens
 - Own possessions (drug-filled past)
 - Hippies and vagabonds
 - Causing a lot of avoidance and interference in his own home
 - Excessive hand-washing



The Client – Presenting Problems

- OCD – contamination obsessions and washing compulsions
 - Sensitive to changes in perception and consciousness



The Client – Presenting Problems

- Other presenting problems
 - Miscellaneous obsessions/compulsions (e.g. leaving oven on, locking the door)
 - Depression
 - 'No strong base' and lack of a sense of belonging
 - Perfectionism
- **DASS-21**
 - Depression: 12 (Severe)
 - Anxiety: 18 (Extremely Severe)
 - Stress: 19 (Extremely Severe)

The Client – History

- Parents both coaching psychologists
 - Fascination with the mind from a young age
- Father left his mother when Brad was 2 years old, for another woman
 - Father remarried other woman
 - 2-9 years – lived with mother
 - 9-13 years – moved in with father (far away)
 - 13-16 – father moved back to Australia, and Brad swapped houses each week
 - 16+ with his mother

The Client – History

- Father distant; conditional approval
 - After bullying at school, tried to find out what Brad was doing wrong
 - Mother-in-law critical and sometimes shaming
 - Brad felt like a burden
- Mother caring, anxious, sometimes intrusive,
 - 'Enabling' and 'coddling'
 - Commented a lot on issues such as Brad's weight, grades, etc.
 - Absent at times

The Client – History

- Victim of bullying in school; feeling of social isolation
 - Improved in high school, but never feeling that he belonged
- Period of drug-taking – sense of belonging in a counter-culture
 - A lot of drugs
 - Traumatic experiences
 - Being chased
 - Friend overdosing (non-fatal)
 - Developed panic symptoms and agoraphobia
 - Gave up drugs, moved to Sydney, and started studying psychology



The Client – Previous Treatment

- Previously, ACT for panic (~2 years earlier)
 - Found this very helpful
 - Had experienced daily panic attacks, in full remission after treatment
 - Affinity with mindfulness and meditation
- Hakomi for his OCD symptoms
 - 2.5 months leading up to treatment with me
 - Two different therapists
 - Not noticing improvement
 - Possible exacerbation

The Client – Goals

Goals of Treatment – please describe in as much detail as you feel comfortable, what has brought you along to see me at this time? What would you like to get out of seeing a clinical psychologist?

I have a specific form of OCD related to hankwaching. There is also some intrusive thoughts & generally low mood. I've come in for an appointment because I feel like I've lost some way of ~~my~~ ^{my} ~~handling~~ ^{handling} with my problems. I feel controlled by them rather than recognizing them as thoughts/feelings etc.

It'll like to not engage with my compulsions, be less perfectionist & generally start learn to live outside of my comfort zone.

The Client – Goals



ACT – Overview

ACT – Overview

- A form of CBT (kind of)
 - Incorporates mindfulness principles
 - Differing focus on dealing with thoughts
 - Less focus on content and more on response to thoughts
 - Emotional acceptance
 - Emphasis on values, meaning, and growth

ACT – The Model



ACT – The Model

- Psychological Flexibility



...contacting the present moment fully as a conscious human being, and based on what the situation affords, changing or persisting in behavior in the service of chosen values.

Steven Hayes

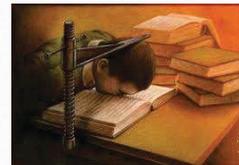
ACT – The Model



ACT – Cognitive Defusion

ACT – Cognitive Defusion

- The Problem: **Cognitive Fusion**



ACT – Cognitive Defusion

- Negative thoughts are natural and normal
 - Caveperson metaphor

- Problem-solving (and -seeking) machine



ACT – Cognitive Defusion

- Language infinitely expands the things we humans can worry about, beyond:

ACT – Cognitive Defusion

- Language infinitely expands the things we humans can worry about, beyond:
 - Biologically-primed stimuli

ACT – Cognitive Defusion

- Language infinitely expands the things we humans can worry about, beyond:
 - Biologically-primed stimuli
 - Stimuli experienced as aversive

ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion



ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion
 - Timmy *liked* the lion



ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion
 - Timmy *liked* the lion
 - Susie had never *seen* one



ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion
 - Timmy *liked* the lion
 - Susie had never *seen* one
 - Swapped 'bits of language' or 'stimulus *relations*'



ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion
- Timmy *liked* the lion
- Susie had never *seen* one
- Swapped 'bits of language' or 'stimulus **relations**'
 - Lion ~ cat (Timmy)



ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion
- Timmy *liked* the lion
- Susie had never *seen* one
- Swapped 'bits of language' or 'stimulus **relations**'
 - Lion ~ cat (Timmy)
 - Lion > cat (Timmy)



ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion
- Timmy *liked* the lion
- Susie had never *seen* one
- Swapped 'bits of language' or 'stimulus **relations**'
 - Lion ~ cat (Timmy)
 - Lion > cat (Timmy)
 - Cats = dangerous (Susie)



ACT – Cognitive Defusion

- Timmy, Susie, the cat, and the lion
- Timmy *liked* the lion
- Susie had never *seen* one
- Swapped 'bits of language' or 'stimulus **relations**'
 - Lion ~ cat (Timmy)
 - Lion > cat (Timmy)
 - Cats = dangerous (Susie)
 - Lions = **OMG SO DANGEROUS!!!** (Timmy and Susie)



ACT – Cognitive Defusion

- Minds can't stop 'relating'
 - Lion costumes, stories about lions, etc.
 - Automatic and usually unconscious
- Even the word, "Lion!"
 - Start to fear the symbol
 - No physical threat

ACT – Cognitive Defusion

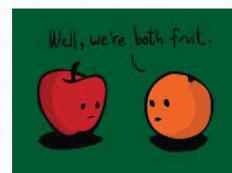
- Mind treats the words as the stimuli they're referring to
 - Imagine a big, juicy lemon
 - Reading a novel

ACT – Cognitive Defusion

- Fusion not an intrinsically bad thing
 - Fast
 - Emotionally salient
- But, becomes over-extended and applied inflexibly
 - "Confuse the map for the territory"
- "Should I go to the party?"

ACT – Cognitive Defusion

- Examples of map fusing with territory



ACT – Cognitive Defusion

- Examples of map fusing with territory



ACT – Cognitive Defusion

- So, what do we do about it, especially when thoughts are aversive?
 - First instinct is to get rid of them
 - Suppression
 - Distraction
 - Arguing with thoughts

ACT – Cognitive Defusion

- “White Bear”

ACT – Cognitive Defusion

- “White Bear”
 - Ineffective

ACT – Cognitive Defusion

- “White Bear”
 - Ineffective
 - Counter-productive
 - “Mind works by addition, not subtraction”

ACT – Cognitive Defusion

- “White Bear”
 - Ineffective
 - Counter-productive
 - “Mind works by addition, not subtraction”
 - Resource-heavy

ACT – Cognitive Defusion

- “White Bear”
 - Ineffective
 - Counter-productive
 - “Mind works by addition, not subtraction”
 - Resource-heavy
 - Raises the stakes of having ‘negative’ thoughts

ACT – Cognitive Defusion

- “White Bear”
 - Ineffective
 - Counter-productive
 - “Mind works by addition, not subtraction”
 - Resource-heavy
 - Raises the stakes of having ‘negative’ thoughts
 - Takes us away from the here and now

ACT – Cognitive Defusion

- So, what else can we do with the thought?
 - That question itself provides the first step
 - Recognise them as thoughts
 - Let go of the agenda of controlling thoughts

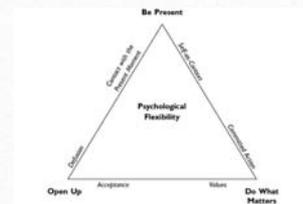
ACT – Cognitive Defusion

- The Solution: **Cognitive Defusion**
 - Observing, with acceptance, the process of thinking
 - “I notice I’m having the thought that…”
 - “Milk, Milk, Milk”
 - Leaves on a stream
 - Client’s own metaphors

ACT – Cognitive Defusion

- “Get out of your mind and into your life”
- Focus not on fixing what’s in head, but being less compelled by its contents
 - Enjoying a sunset
 - Going to a party
 - Engaging in physical activities

ACT – The Model



ACT – Acceptance and Willingness

ACT – Acceptance and Willingness



You can hold yourself back from the sufferings of the world, that is something you are free to do and it accords with your nature, but perhaps this very holding back is the one suffering you could avoid.

Franz Kafka

ACT – Acceptance and Willingness

ACT – Acceptance and Willingness

- The Problem: **Experiential Avoidance**
 - Attempts to avoid thoughts, feelings, memories, physical sensations
 - Considered a consequence of fusion
 - Taking internal content seriously
 - Treating private experiences as threat
 - Potentially more pervasive and insidious than situational avoidance
 - “Wherever you go, there you are”



ACT – Acceptance and Willingness

- Costs of Experiential Avoidance
 - Ineffective
 - Resource-heavy
 - Can *exacerbate* emotions (primary and secondary suffering)
 - Lose access to important information ('shooting the messenger')
 - Takes us away from what matters
 - Sometimes dramatically

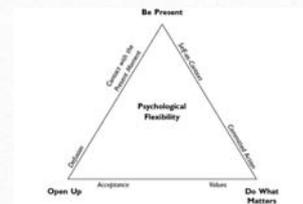
ACT – Acceptance and Willingness

- Solution: **Acceptance and Willingness**
 - “Two Scales”
 - Open up to emotions, rather than struggling to suppress or reduce them
 - Let go of the ‘control agenda’
 - Explore with curiosity

ACT – Acceptance and Willingness

- Skills and strategies:
 - In-session experience – looking for “Mr/Mrs Discomfort”
 - Holding breath exercise
 - Monster and the Rope metaphor

ACT – The Model



ACT – Present-moment Awareness

- The Problem: **Auto-pilot**
- Dominance of:
 - Thoughts of the past and future
 - Judgements, evaluations, problem-solving
- Worry
- Regret
- How wonderful we are



ACT – Present-moment Awareness

- The Problem: **Auto-pilot**
- Dominance of:
 - Thoughts of the past and future
 - Judgements, evaluations, problem-solving
- Worry
- Regret
- How wonderful we are

ACT – Present-moment Awareness

- Lose connection with the present moment
 - Performance
 - Sources of pleasure and satisfaction
 - 'Response-contingent positive reinforcement' (Lewinsohn, 1974)
 - Engagement with others
- Lose awareness of emotions, triggers, habitual responses, etc.

ACT – Present-moment Awareness

- The Solution: **Mindfulness**



*The awareness that emerges through paying attention
on purpose, **in the present moment**
and **non-judgmentally** to the unfolding of experience*

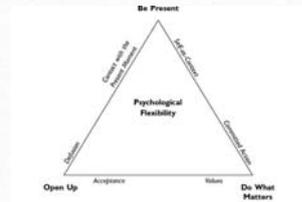
Jon Kabat-Zinn

ACT – Present-moment Awareness

- Clients' own experiences
- Smartphone metaphor
- Skills and strategies
 - Raisin exercise
 - Mindfulness of breath
 - Incidental mindfulness



ACT – The Model



ACT – Self-as-Context

- The Problem: **attachment to the conceptualised self.**



ACT – Self-as-Context

- Self-as-content (i.e. "I am a..."; "I'm the kind of person that...")
 - Can be limiting ("I'm a shy person")
 - Blinding ("I'm a kind parent")
 - Fragile ("I'm a successful stockbroker")

ACT – Self-as-Context

- Self-as-process (i.e. “I feel my breath”; “I see the sun on the pavement?”)
 - Present-moment awareness
 - Less prone to the problems of self-as-content
 - But can still be fused with particular feelings and thoughts

ACT – Self-as-Context

- The solution: Self-as-context (**Observer Self**)
 - “I” as the container of experience
 - The ongoing perspective of consciousness
 - Independent of psychological content
 - Thoughts and memories
 - Emotions
 - Physical sensations



ACT – Self-as-Context

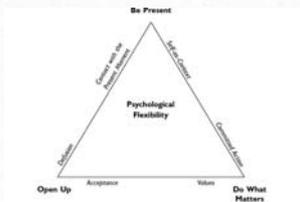
- Qualities of the observer self
 - Stable
 - Spacious
 - Separate from content
 - Sturdy
 - Serene
- Atkins and Styles (2016)
 - Self-as-context language predicted wellbeing 6 months later

ACT – Self-as-Context

- Metaphors
 - Chess Board
 - Experience as a stage
 - Black box
- Strategies and skills
 - Incorporate into mindfulness
 - Extended Observer Exercise



ACT – The Model



ACT – Values

- The Problem:

Lack of clarity about what matters in life

Fixation on 'fixing' mind, rather than living life



ACT – Values



... happiness cannot be pursued; it must ensue, and it only does so as the unintended side effect of one's personal dedication to a cause greater than oneself or as the by-product of one's surrender to a person other than oneself...

Viktor Frankl

ACT – Values

- The Solution: **Reflect on and Elaborate Values**
- Distinct from goals
- Two types of value
 - Qualities of action
 - Kindness, Assertiveness, Humour, Adventure
 - Overarching goals
 - Reducing suffering in children
 - Perfecting my robot dance



ACT – Values

- Metaphors
 - Tombstone
 - Path up the Mountain
- Strategies
 - Values Questionnaire
 - Bullseye Questionnaire
 - Eulogy Exercise



ACT – The Model



ACT – Committed Action

- The Problem: **Inflexible behaviours, under control of avoidance and fusion rather than values**
 - Types of behaviour
 - Situational avoidance (e.g. social situations, flying, etc.)
 - Impulsivity (e.g. drug-taking, risky sexual behaviour)
 - Excessive rule-following and rigidity (e.g. "I can't let people see I'm anxious"; "I need a drink"; "I shouldn't *have to* praise teeth-brushing")

ACT – Committed Action

- The Solution: **Committed Action**
 - Values-guided
 - Skills-enhanced
- Metaphors
 - Swamp
 - Passengers on the Bus

ACT – Committed Action

- Strategies: Often employ classical BT or CBT techniques

- Graded Exposure
- ERP
- Structured Problem Solving



- ACT focus on

- What we must experience to get there (acceptance and defusion)
- Why this is important (values)

ACT – In a Nutshell

Am I willing to make room for the difficult thoughts and feelings that show up, without getting caught up in them or struggling with them, and take effective action in the present moment, in order to do what matters, deep in my heart?

Why ACT for OCD?

- **Cognitive Defusion**

- An antidote to *thought-action fusion*
 - Intrusive negative thoughts are normal and not inherently problematic
 - People with OCD see their thoughts as more significant (Rachman, 1997) and needing to be controlled (Clark, 2004)
 - Abramowitz & Arch (2013) – *intrusive thoughts are not considered the problem; rather, it is how the person interprets, responds to, and tries to control the intrusions that is thought to lead to obsessional fear and distress*
- Defusion a strategy explicitly designed to let go of attempts to control the thought

Why ACT for OCD?

- **Acceptance and Willingness**

- Avoidance a key component of OCD pathology
 - Behavioural
 - Experiential
- Prevention of feared consequences: both in terms of content of thought, and discomfort
- Compulsions negatively-reinforced by short-term anxiety reduction
- Acceptance provides an alternative approach to the 'control agenda'

Why ACT for OCD?

- **Mindfulness**
- Focus of obsessive thoughts:
 - Future calamity
 - Past wrongdoing
- Evaluative and judgemental
- Often experienced as semi-conscious and semi-intentional

- Mindfulness to foster a present-moment, non-judgemental awareness

Why ACT for OCD?

- **Valued and Committed Action**
- Significant functional impairment (Huppert et al., 2009)
- Focus on averting catastrophe and reducing discomfort at all costs
- The fleeting relief of negative reinforcement becomes primary

- Values orientation can help with motivation for exposure and ERP
- Focus on what is lost by engaging in compulsions

Why ACT for OCD?

- Evidence for ACT's efficacy in treating OCD
 - Twohig et al (2006; 2010)
 - ACT significantly more effective than Progressive Relaxation for treatment of OCD
 - ~ 50% exhibited clinically significant improvement (ITT analyses)
 - Improvements in trichotillomania, (Twohig & Woods, 2004); and skin-picking (Twohig et al., 2006)
 - Key et al (2017) – MBCT v waitlist following CBT
 - Large effect sizes for OCD, depression, anxiety
 - Arch et al (2012) – mixed anxiety CBT v ACT

Brad's Treatment

- Fear of contamination by drugs

- Avoidance of own possessions

- Underlying feelings of lack of belonging

Brad's Treatment

- 18 sessions so far
- Three 'phases'
- Some interruptions and disruptions along the way

Treatment – Phase 1

- Session 1 – 23rd September 2015
 - Assessment
 - Engaged and intelligent
 - Previous ACT experience facilitated engagement and knowledge of skills
 - Interested in 'nitty-gritty' of ACT and RFT
- Revised willingness

Treatment – Phase 1

- Session 2 – 30th September
 - Had engaged in exposure between sessions – playing guitar that he used to play a lot
 - Felt 'fall-out' over next three hours
 - In-session acceptance
 - Discovered some avoidance in dealing with 'fall-out'
 - 'Tin-can Monster'

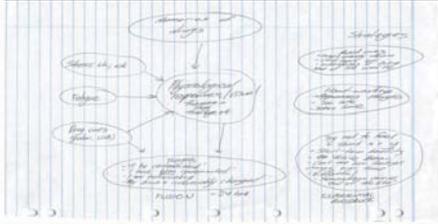


Treatment – Phase 1

- Session 3 – 21st October
 - Two cancelled sessions due to build-up of assignments
 - Had begun a daily mindfulness practice
 - Contacting more cues from the drug-filled past
 - Provided global formulation
 - 'Milk, Milk, Milk' exercise



Treatment – Phase 1



Treatment – Phase 1

- Session 4 – 4th November
 - Continued progress with OCD symptoms
 - Taking thoughts much less seriously
 - Still avoiding some things, like pocket of his bag
 - Raised issue of few male friends with a real connection
 - Explored goals for sessions, with some 'values-lite' work
 - Raised possibility of going on exchange

Treatment – Phase 1

- Session 5 – 25th November
 - Exams over, keen to continue exposure (but not today)
 - Set a playful goal of putting his hand in bag's front pocket
 - As began to discuss the benefits of this, he spontaneously started to do so
 - Focus on new learning, flexibility and freedom, rather than anxiety reduction
 - Drew up further stepladder
 - Brad excited at the end of the session
 - BUT, Europe confirmed



Treatment – Phase 1

- Session 6 – 9th December
 - Had continued exposure steps (an old journal)
 - More in-vivo exposure, bringing journal to lips and then drinking water
 - Developed goals and a plan for Europe



Treatment – Phase 1

- Summary
 - Applying skills of ACT appropriately
 - Improved symptoms
 - Improved functioning
 - Little tangible interference
- Still a lot to do
 - More challenging exposure steps (e.g. more realistic paraphernalia)
 - Deeper issues to do with sense of self

Treatment – Phase 2

- Contacted Brad in March '16
 - Reported doing generally well; improvements maintained
 - Ideally would like to come in, but Uni demands and money made it tricky
- He got in touch in July '16
 - OCD symptoms related to his trip to Europe
 - Obsessions about his own and his girlfriend's infidelity

Treatment – Phase 2

- Session 1 – 13th July
 - Affectively flat; weight increase; sleep problems
 - Two separate incidents of sexual indiscretion in Europe
 - Flirting with a group of girls about sexual turn-ons
 - Travelling with a girl and all-but sleeping with her
 - Had disclosed both to girlfriend
 - They broke up and got back together
 - Brad then began to ruminate about the precise details of the former
 - Also worried about girlfriend's infidelity
 - Revised ACT skills; Brad to monitor obsessions and responses



Treatment – Phase 2

- Session 2 – 19th July
 - Reported improvements in obsessions and compulsions
 - Discussed treatment priorities and developed hierarchies
 - Drugs (contamination from paraphernalia)
 - Sex (checking own and partner's infidelity)
 - Stoves (checking... umm... the stove)
 - In-vivo exposure
 - Bottle that 'hippy chick' had touched in lecture



Treatment – Phase 2

- Session 3 – 10th August (missed two sessions due to exams)
 - Continued improvements in obsessions, as well as sleep
 - Study stress becoming an increasing issue
 - Worrying about 'raw academic ability'
 - 'Figuring out' the answer to why studying not reaping benefits he wanted
 - Raised issue of neurological damage
 - Defusion, 3-minute breathing space, Pomodoro technique



Treatment – Phase 2

- Session 4 – 16th August
 - Reported improvements with study
 - Found 3-minute breathing space, Pomodoro technique helpful
 - Extended observer self exercise
 - Used to supplement mindfulness practice



Treatment – Phase 2

- Session 5 – 23rd August
 - Continued improvements with study stress
 - But, return of confession compulsion
 - Self-criticism very high
 - Self-compassion exercise
 - Reported finding this helpful



Treatment – Phase 2

- Session 6 – 6th September
 - Reported that doing better, relationship w girlfriend better
 - Some persistent guilty thoughts
 - Began to explore childhood issues, especially around guilt and shame
 - Self-criticism
 - Mother: perfectionistic, self-critical, sometimes obsessive about Brad's weight
 - Father: distant, often stressed and angry, critical of Brad
 - Discussed the potential benefit of Schema Therapy

Treatment – Phase 2

- Period of interruptions – Oct-Dec 2016
 - Continued demands of Uni
 - Phone-call session: provided defusion strategy over the phone – ‘pompous judges’
 - Asking for reports to Uni, confirming his symptoms
 - Call on 20th October – Brad reported OCD symptoms had decreased and he was doing well



Treatment – Phase 3

- December 2016 – phone call from Brad
- Had failed a stats exam after experiencing anxiety attack
- Asked for a report to provide to Uni
- Reported otherwise doing well
- Booked in to see me

Treatment – Phase 3

- Session 1 – 21st December
 - Down about failing exam
 - Some acceptance and defusion to manage these feelings
 - Discussed career pathways and options
 - Some recurrence of worries about his own fidelity
 - Agreed to focus on schema work when Brad returned from holidays

Treatment – Phase 3

- Session 2 – 3rd January 2017
- Relaxed
- Increased perspective about failing exam
- Fewer obsessions
- Began to focus on schemas
 - Father cold, distant, critical – blamed for problems in the family
 - Stepmother shamed him about pornography use
 - Mother idealised him and over-protected him (fragile genius)

Treatment – Phase 3

- Session 3 – 17th January

- Schema imagery work
- Christmas Day at father's and mother-in-law's
- Didn't like present
- Father yelled and stepmother cried
- Emotions: anxiety, anger, shame, defectiveness
- More recently, time with girlfriend – feelings of defectiveness and "I'm the cause of all problems"



Treatment – Phase 3

I went out for a walk earlier and had this really intense moment where I felt all my pain around it. I felt it and opened myself up to it. The pain gave way to compassion and to an unprovoked sense of forgiveness within myself.

Treatment – Phase 3



Treatment – Phase 3

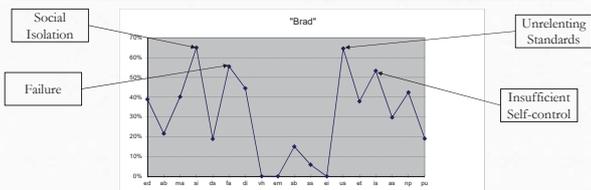
I went out for a walk earlier and had this really intense moment where I felt all my pain around it. I felt it and opened myself up to it. The pain gave way to compassion and to an unprovoked sense of forgiveness within myself.

Treatment – Phase 3

- Session 4 – 31st January
 - Broke up with girlfriend
 - Experienced as a relief
 - She had told Brad he could 'never let go' of what had happened in Europe
 - Study stress – Uni counselling service for assistance
 - Some uncertainty about whether wanted to persist with replacement exam

Treatment – Phase 3

- Session 5 – 7th February
 - Job at exclusive company
 - Reviewed YSQ
 - Social Isolation, Unrelenting Standards, Failure, Insufficient Self-control
 - All resonated with Brad

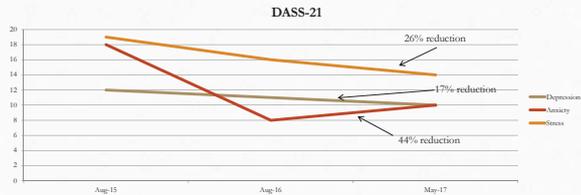


Treatment – Phase 3

- Session 6 – 14th February
 - Schema imagery work – 8 or 9 and being left alone, waiting for his mother to come home late at night after work
 - Very strong feelings of rejection, isolation, abandonment
 - Shocked by intensity of emotion



DASS-21



Currently

- Booked to come in
- Continuing treatment – schema work
- Continued use of ACT skills, to manage schemas when activated and to increase awareness
- Clarification of goals

Things That Have Worked Well

- Exposure occurred quickly and was quite powerful
 - Defusion and Willingness also reported as very helpful
- Quickly reduced the impact of this OCD
 - Some maintenance of improvements
- Internalised principles of ACT – able to apply to a range of situations
- Once introduced Schema, the ACT skills helped for grounding, self-compassion, etc.

Room for Improvement

- Earlier schema work?
- More focus on sensory aspect of obsessions
- More discussion around clarifying treatment goals
- Motivational interviewing regarding benefits of treatment
- Not doing multiple hierarchies at once

Thank you!

-
- vincent@sydneyactcentre.com.au
 - Questions?

ACT – Cognitive Defusion

-
- Language can shape, as well as describe, experience

ACT – Cognitive Defusion



ACT – Cognitive Defusion



ACT – Cognitive Defusion



MORE



ACT – Cognitive Defusion



MORE



PINK

ACT – Cognitive Defusion



MORE



PINK

ACT – Cognitive Defusion



MORE



PINK

ME
DEFECTIVE

ACT – Cognitive Defusion

- Relations can be symbolic and arbitrary (i.e. not based on physical properties)



ACT – Cognitive Defusion

- Relations can be symbolic and arbitrary (i.e. not based on physical properties)

ME