ACT Foundations

THE TALKING THERAPIES UK PRACTITIONER SERIES



ACT Foundations

Psychological flexibility, the hexaflex, and why the struggle with feelings is the problem ACT treats.

Foundation level · 6 hours of continuing professional development

TALKING THERAPIES UK

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First edition, 2026.

This manual accompanies the ACT Foundations course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 4. This printing was set on 10 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

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How to use this manual

Most people, and many therapies, assume that difficult thoughts and feelings must be reduced before life can improve. Acceptance and Commitment Therapy begins from the opposite observation: that the struggle against inner experience is itself the engine of much suffering. This course teaches ACT from the ground up, for trainees and practitioners meeting the model for the first time.

You will begin with the ACT stance: creative hopelessness, the discovery that the control agenda has been tried and has failed, and acceptance properly defined as willingness rather than resignation. You will learn defusion, the skill of seeing thoughts as thoughts rather than obeying them as orders, and meet the observing self, the perspective from which all experience can be held. The second module completes the model: values as chosen life directions rather than achievable goals, and committed action as the behavioural discipline that turns direction into a life, drawing the whole hexaflex together.

Full written lessons, each with key points and an experiential practice task, because ACT is learned by doing, with a built-in study tutor available throughout. Six hours of CPD, around six months of access, a final assessment, and a personalised certificate on passing.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at foundation level and carries 6 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the

conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Explain ACT's view that suffering grows from experiential avoidance and cognitive fusion, not from feelings themselves
- Describe the six hexaflex processes and how together they constitute psychological flexibility
- Demonstrate simple defusion techniques that change a thought's grip rather than its content
- Distinguish acceptance as willingness from resignation or approval
- Help a client clarify values as chosen life directions distinct from goals
- Use the ACT matrix to sort towards and away moves in everyday situations

PART 1

The ACT stance

Creative hopelessness, control as the problem, and acceptance properly defined.

CHAPTER 1

The struggle is the problem

Acceptance and Commitment Therapy is fundamentally a pragmatic philosophy that begins where common sense ends, and its opening premise is that the strategies most people employ to regulate their inner world are precisely the mechanisms that sustain suffering. The common-sense theory of human distress operates on a simple premise: unwanted thoughts, feelings, memories, and bodily sensations are the problem; therefore, if we can reduce or remove them, life will inevitably improve. This is the logic of the external world, where control is often effective — if you remove a stone from your shoe, the pain ceases and you can walk freely. However, when this logic is applied to the internal world it frequently fails, a failure documented in the foundational work of Steven Hayes and Kirk Strosahl and later elaborated within Relational Frame Theory. Every client who presents for therapy has applied this strategy diligently: suppressing thoughts, avoiding triggers, arguing with feelings, using substances to quieten anxiety, or staying busy to avoid stillness. The foundational observation in ACT is that on the inside this strategy of control works poorly and often in the exact opposite direction to the intended outcome, a phenomenon that has been replicated across laboratory and clinical settings.

The scientific evidence for this failure is robust, most notably demonstrated through the work of psychologist Daniel Wegner on thought suppression. Wegner's famous "white bear" experiment instructed participants not to think of a white bear, and the result was that the white bear occupied their minds at an elevated rate, a phenomenon known as the ironic process of mental control. Fighting anxiety generates anxiety about anxiety; avoiding sadness forecloses the situations, intimacy, memory, and meaning where sadness lives. The more energy is expended in the defence, the more the problem persists. This dynamic is clinically captured by the term Experiential Avoidance, which describes the attempt to alter the form, frequency, or situational sensitivity of negative private experiences regardless of whether doing so causes harm. The consequence of this relentless struggle is that the life itself begins to narrow. As the client avoids more situations to prevent discomfort, they lose access to valued activities, relationships, and

opportunities, and the life narrows in exact proportion to the success of the defence. In ACT the struggle itself becomes the problem, creating a secondary layer of suffering that is often more debilitating than the original pain.

Consequently ACT's opening move is not a technique but a strategic reckoning that Hayes named Creative Hopelessness. This is a pivotal therapeutic stance that requires the therapist to facilitate a thorough, respectful, and honest review of everything the client has tried to do to get rid of their pain. The therapist and client review the history of the struggle: the distractions, the arguments, the avoidances, the substances, the reassurances, and the sheer heroic effort expended. This review is organised around two critical questions: what has each of these control strategies cost the client, and, in the client's own long-term experience, has any of it worked in the way it was supposed to work? The honouring of the client's past efforts is crucial; these strategies were intelligent, effortful, and often heroic attempts to survive. However, the verdict must come from the client's own experience, never from the therapist's intellectual argument. The discovery being invited is radical: the agenda of control is itself unworkable, and something genuinely different is needed. This is "creative" hopelessness because it is not hopelessness about the person or their future; it is hopelessness about the strategy of control. It clears the ground on which a new, flexible relationship with inner life can be built.

Into that cleared ground ACT places its alternative, and it defines this alternative with precision because the word acceptance invites every possible misunderstanding. In common parlance acceptance is often conflated with resignation, approval of one's circumstances, liking the pain, or giving up on change. ACT is, in fact, ferociously a change therapy, but the change it pursues is behavioural rather than cognitive. Acceptance is defined as willingness: making room for unwanted inner experience, letting it be present without a fight, and allowing it to come and go like the weather. The energy consumed by the defence is no longer available for living. The classic metaphor of the rope and the monster illustrates this perfectly. Imagine a monster on the other end of a rope pulling you towards a cliff edge. The monster may be strong, but the struggle is what keeps you at the cliff edge, preventing you from turning around and walking away. The move that changes everything is not winning the tug-of-war; it is dropping the rope. The monster remains, but the hands are free to engage with life. This is the

essence of psychological flexibility: the ability to be present with what is, rather than struggling against what is not.

A concrete worked example illustrates how this unfolds in practice. Sam is a thirty-four-year-old accountant who has organised his entire life around the avoidance of panic. He has mapped out routes to work that avoid high bridges, carries a specific brand of antacid, and refuses to attend social gatherings after six o'clock in the evening. His life has shrunk to a safe corridor of predictability. During the creative-hopelessness review Sam and his therapist review his history of control. Sam admits that despite his meticulous planning his panic has not only persisted but has begun to creep into the corridors he thought were safe. He acknowledges that his avoidance has cost him a promotion and has isolated him from his friends. The verdict comes from Sam: he realises that his efforts to control the panic are actually controlling him. His therapist does not promise that the panic will disappear; in fact she explicitly states that it is unlikely to vanish. Instead she asks the ACT question: "If making room for the panic, letting it come along with you, meant you could drive to your daughter's school play tonight, would you be willing?" Sam's long silence is the beginning of the therapy. For the first time the goal is not a quieter mind but a larger life. He begins to see that the struggle with the panic is the thing that is keeping him from his daughter, and he starts to explore what it might look like to drop the rope.

The therapeutic dialogue that follows the creative-hopelessness review is structured around the six core processes of the ACT hexaflex: acceptance, cognitive defusion, being present, self-as-context, values, and committed action. In Sam's case the therapist first consolidates acceptance by inviting him to notice the physical sensations of panic — the tightening chest, the shortness of breath, the surge of adrenaline — without attempting to alter them. She then introduces a defusion exercise, perhaps the "leaves on a stream" metaphor, to help Sam observe the thought "I cannot cope" as a passing mental event rather than a literal truth. Mindfulness of the present moment is cultivated through brief breathing anchors that keep Sam grounded while the panic wave rises and falls. The self-as-context perspective is introduced by asking Sam to notice the part of him that is aware of the panic, a stable observing self that is not defined by the content of experience. Values clarification follows: Sam identifies that being a present father and a competent professional are deeply important to him. Finally, committed action is co-constructed; Sam agrees to drive to the

school play while carrying the panic, using the willingness stance rehearsed in session. Each step is linked back to the original insight that the struggle, not the panic, has been the primary barrier to a valued life.

Research supports this sequence: reviews of mediation studies find results generally consistent with the view that ACT works by increasing psychological flexibility, although the studies are of limited methodological quality and have tested only a few of its processes (Hayes et al., 2006; Stockton et al., 2019). The process-based approach championed by Hayes, Strosahl, and Kelly Wilson emphasises that change occurs when clients alter the function of private events rather than their form. This functional analytic stance aligns with the broader contextual behavioural science movement, which argues that the utility of a behaviour is determined by its context and consequences. In practice, therapists monitor the client's engagement with valued actions using tools such as the Valued Living Questionnaire, while also tracking symptom severity with standard measures like the PHQ-9 and GAD-7 to ensure that clinical risk is managed. The integration of outcome monitoring with process work exemplifies the pragmatic ethos of ACT: the therapy is judged by whether it expands the client's repertoire of effective action, not by whether it eliminates distress.

Supervision and training in ACT therefore place considerable emphasis on the therapist's own relationship to control. Clinicians are encouraged to notice their own urges to "fix" the client's discomfort, to model willingness in the therapy room, and to use the same creative-hopelessness logic on their own professional struggles. This reflective practice guards against the subtle re-introduction of experiential avoidance into the therapeutic alliance. Moreover, the ACT community stresses cultural humility, recognising that the Social GGRRAAACCEEESSS framework — gender, geography, race, religion, age, ability, appearance, class, culture, ethnicity, education, employment, sexuality, sexual orientation and spirituality — shapes both the content of a client's struggle and the acceptability of metaphors such as the rope and the monster. Adapting language, pacing, and metaphor to the client's lived reality is not an optional add-on; it is a core component of psychological flexibility for the therapist as well as the client.

In summary, the lesson that the struggle is the problem reframes the therapeutic task from symptom reduction to the cultivation of a life lived in accordance with chosen values, even in the presence of pain. Creative

hopelessness provides the experiential evidence that control strategies have failed, clearing space for acceptance defined as willing openness. The rope-and-monster metaphor makes tangible the shift from fighting inner experience to dropping the rope and moving towards what matters. Sam's vignette demonstrates how a client can move from a narrowed existence governed by avoidance to a broader, values-directed life while the panic remains. This shift, grounded in the empirical work of Hayes, Strosahl, Wilson, Wegner, and countless researchers, constitutes the heart of ACT's foundational stance and sets the stage for the subsequent modules that will elaborate each hexaflex process in depth.

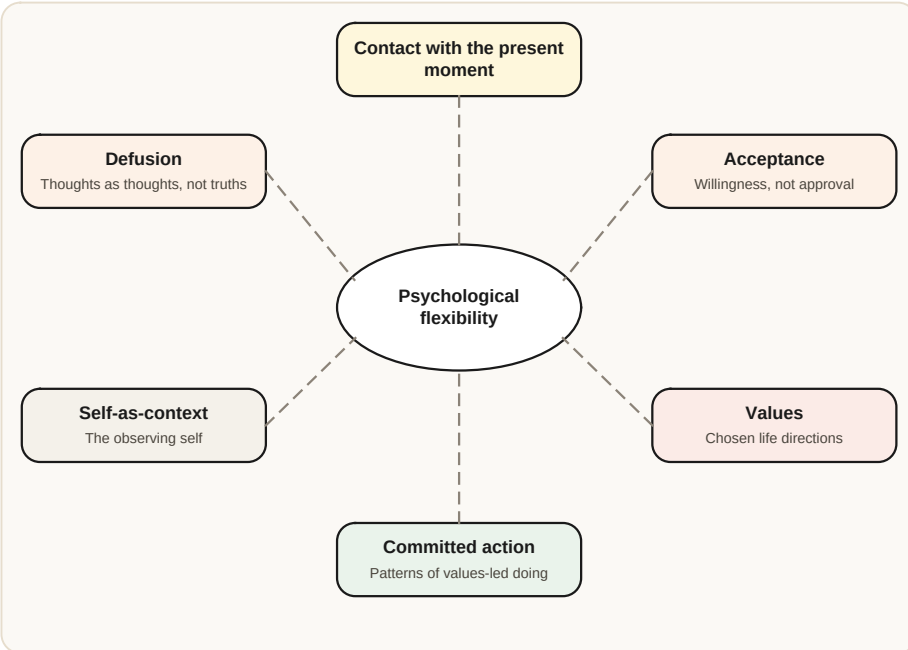


FIGURE 1.1 The ACT hexaflex

Six interlocking processes make up psychological flexibility, the capacity to stay in contact with the present moment and act by one's values even in the presence of difficult private experience. Each process is trainable, and each has a pathological opposite that maintains suffering.

Points worth keeping

- Internal control strategies work poorly and the struggle narrows life
- Creative hopelessness: the client's own experience delivers the verdict
- Acceptance = making room, not approving or giving up

PRACTICE TASK

List everything one struggle of your own has cost (time, energy, avoided situations). Let the list, not theory, make the point.

CHAPTER 2

Defusion and the observing self

Cognitive fusion represents an ordinary yet often invisible psychological event in which an individual becomes entangled with their thoughts rather than merely observing them. When fused, a thought such as “I will fail” is not experienced as a mental construct but as an objective reality, a verdict imposed upon the world itself. The mind’s evaluations, predictions, and narratives are mistaken for the world as it is, and behaviour is dictated by these apparent truths rather than chosen freely. Fusion is not a pathological state but a natural cognitive process, one that becomes clinically significant when it narrows the client’s behavioural repertoire and entrenches suffering. Defusion, the antidote to fusion, restores the critical gap between the individual and their thoughts, allowing the person to recognise that a thought is merely a thought—a transient product of a verbal mind that endlessly generates language. This gap is not abstract; it is experiential, and its restoration enables the client to see their thoughts as objects to be observed rather than directives to be obeyed. The shift is subtle but profound: from “I will fail” as an unassailable truth to “I am having the thought that I will fail,” and finally to “I notice I am having the thought that I will fail.” The content of the thought remains unchanged, but its function transforms entirely. The thought shifts from being the lens through which reality is perceived to being an object within awareness, one among many mental events. For most clients, this experiential shift is palpable, often described as a loosening or a release from the grip of the thought’s authority. The therapeutic task is not to alter the content of the thought but to change the relationship to it, thereby restoring behavioural flexibility.

The distinction between defusion and cognitive disputation is fundamental to Acceptance and Commitment Therapy (ACT). While cognitive-behavioural approaches may challenge the validity of a thought—gathering evidence against it, reframing it, or replacing it with a more balanced cognition—ACT deliberately avoids this path. Disputation, as Hayes, Strosahl and Wilson (2012) argue, deepens engagement with the thought rather than weakening it. The very act of arguing with a thought keeps the individual tethered to it, reinforcing the idea that the thought must be addressed, corrected, or

eliminated. In contrast, defusion does not engage with the content of the thought at all. Instead, it alters the context in which the thought is experienced, shifting from a literal to a metaphorical frame. The thought is no longer treated as a statement about reality but as a behaviour of the verbal mind, one that can be observed and allowed to pass without necessitating action. This approach aligns with the functional contextualist roots of ACT, which prioritise the workability of behaviour over the accuracy of cognition. The goal is not to make thoughts more positive or realistic but to reduce their influence on behaviour, thereby increasing psychological flexibility.

Defusion is not a single technique but a repertoire of exercises designed to create psychological distance from thoughts. One of the simplest yet most powerful is Titchener's repetition exercise, where the client repeats a word—such as "milk"—continuously for thirty seconds. Over time, the word's meaning dissolves into its phonetic structure, revealing words as arbitrary sounds imbued with learned functions. The same exercise can be applied to distressing thoughts, demonstrating that even the most painful words are ultimately sounds produced by the mind. Another common exercise is to thank the mind for its contributions, a practice that acknowledges the mind's attempts to problem-solve while refusing to obey its directives. For example, a client struggling with self-criticism might be invited to say, "Thank you, mind, for that thought," thereby recognising the mind's effort without being controlled by its output. Naming the story is another defusion strategy, where the client identifies recurring narratives—such as "the not-good-enough story"—and files them under a title, reducing their emotional charge by externalising them. Singing the thought to a familiar tune or speaking it in a cartoon voice further disrupts the literalness of the thought, rendering it absurd and thereby weakening its hold. Writing the thought on a card and carrying it in a pocket serves as a behavioural experiment, allowing the client to practise having the thought without it dictating their actions.

The irreverence inherent in these exercises is precise and intentional. It is not mockery but a dismantling of the mind's authority over the client's behaviour. The humour and playfulness are tools to expose the mind's productions as transient events rather than immutable truths. However, this irreverence must be carefully framed within a context of warmth and compassion. A defusion exercise conducted with cold detachment can feel

humiliating, reinforcing the client's sense of being judged or pathologised. In contrast, when delivered with empathy and curiosity, the same exercise can liberate the client from the tyranny of their thoughts. The therapist's stance is crucial: the exercises are invitations to experiment, not commands to perform, and the client's willingness to engage is met with validation rather than coercion. The goal is to unmask the machinery producing the client's pain while simultaneously offering a compassionate space in which to observe it.

At the heart of defusion lies the concept of self-as-context, often referred to as the observing self. This is not a new self to be discovered but an already-existing perspective that has been present throughout the client's life. The observing self is the context in which all experience occurs—the silent witness to thoughts, feelings, sensations, and memories. Unlike self-as-content, which is defined by roles, diagnoses, or narratives (e.g., "I am anxious," "I am a failure"), the observing self is the perspective from which these contents are experienced. It is the "I-here-now" that has been present at every moment of the client's life, unchanged by the storms of experience. To illustrate this, Hayes et al. (2012) use the sky-and-weather metaphor: the client is the sky, vast and unchanging, while thoughts and feelings are the weather—sometimes turbulent, sometimes calm, but always transient. The sky does not resist the weather; it simply contains it. Similarly, the observing self does not resist experience but holds it with openness and acceptance. This metaphor helps clients experientially grasp that they are not their thoughts, feelings, or stories, but the context in which these events occur.

The observing self is not an abstract concept but an experiential reality that clients can encounter through structured exercises. One common approach is the observer exercise, where the client is guided to notice their thoughts, feelings, and sensations as passing events while recognising that the noticing itself is separate from these contents. For example, a client might be asked to recall a childhood memory and then to notice who or what was present in that memory—the child, the setting, the emotions—but also the awareness that observed it all. This exercise highlights the continuity of the observing self across time and experience. Another exercise involves the use of metaphors, such as the chessboard metaphor, where the client's thoughts and feelings are the pieces on the board, and the observing self is the player. The player does not need to control or eliminate the pieces to make a move; they simply need to be present and willing to engage with the

game. These exercises help clients develop a sense of themselves as the context for their experience rather than the contents of it.

The interplay between defusion and the observing self is foundational to the ACT model. Defusion creates the space for the observing self to emerge by reducing the dominance of fused thoughts, while the observing self provides the stable context in which defusion can occur. Together, they answer a critical question posed earlier in the course: having dropped the rope in the tug-of-war with experience, where does the client stand? The answer is in the observing self—the noticing place, with hands free. From this vantage point, acceptance is no longer a technique to be applied but a natural consequence of the client's expanded perspective. The client does not need to force themselves to accept their experience; they simply recognise that the experience is already contained within the vastness of their observing self. This shift transforms acceptance from a gritty, effortful stance to one of spaciousness and ease.

To illustrate these concepts with a concrete example, consider a client who presents with severe social anxiety, particularly around public speaking. The client's fusion with the thought "I will humiliate myself" is evident in their avoidance of speaking opportunities, their rehearsal of speeches for hours, and their post-event rumination. The therapist begins by normalising fusion, explaining that the mind's predictions are not facts but merely attempts to prepare for danger. The client is then guided through a defusion exercise using the thought "I will humiliate myself." The therapist invites the client to repeat the thought aloud for thirty seconds, noticing how it feels in the mouth and how its meaning begins to dissolve. Next, the client is asked to thank the mind for the thought, acknowledging the mind's attempt to protect them while refusing to be controlled by its output. The client then sings the thought to the tune of "Happy Birthday," which elicits laughter and a palpable shift in their relationship to the thought. The therapist then introduces the observing self by asking the client to notice who is having the thought. The client reflects that it is "me," but the therapist gently probes further: "Is the 'me' who is having the thought the same 'me' who was anxious as a child, or the 'me' who will be here in ten years?" This prompts the client to recognise the continuity of their observing self across time.

The therapist then uses the sky-and-weather metaphor to illustrate the observing self. The client is asked to imagine their thoughts and feelings as

clouds passing across the sky, and to recognise that the sky does not resist the clouds but simply contains them. The client is invited to reflect on how this metaphor changes their relationship to their anxiety. They realise that they do not need to eliminate the anxiety to speak in public; they simply need to be willing to have the anxiety while taking valued action. This realisation is reinforced through a behavioural experiment: the client agrees to speak for two minutes at the next session, with the explicit goal of practising defusion and observing self in action. The client reports back that while the anxiety was still present, it no longer dictated their behaviour. They were able to speak despite the anxiety, and the experience was markedly different from their previous avoidance. This example demonstrates how defusion and the observing self work together to increase psychological flexibility, allowing the client to engage in valued actions despite the presence of difficult thoughts and feelings.

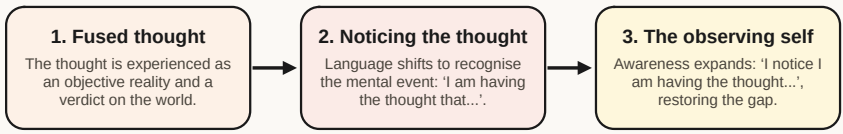


FIGURE 2.1 The Defusion Sequence

This three-step progression moves a client from being entangled in a thought to observing it as a transient mental event. The content remains unchanged while its function transforms.

Points worth keeping

- Fusion: being had by a thought; defusion restores the gap
- Defusion changes the relationship to thought, not its content
- Self-as-context: the observer of experience, not its contents

PRACTICE TASK

Take a sticky self-judgement and practise the shift: say it plainly, then as "I am having the thought that…", then as "I notice I am having the thought that…". Note what changes.