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THE BIG BOOK *of* ACT METAPHORS

A Practitioner's Guide to Experiential Exercises &
Metaphors in Acceptance & Commitment Therapy

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FOREWORD BY STEVEN C. HAYES, PHD

INTRODUCTION

Being human means having feelings of every variety, some we like, and some we don't. Pain, whether physical or emotional, is universal. While pain may feel unpleasant, it is the struggle to escape or avoid pain that most often leads to true suffering. This premise lies at the heart of acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999).

What Is Acceptance and Commitment Therapy?

Acceptance and commitment therapy, or ACT (pronounced as the word “act,” not the letters a-c-t) is a behavioral therapy that focuses on valued engagement in life. Through six core processes—acceptance and willingness, cognitive defusion, present-moment awareness, self-as-context, values, and committed action—clients are guided to open up and invite all of these experiences in—thoughts and feelings of all varieties, light or dark. ACT advocates opening to internal experiences not because there is some glory in feeling pain for pain's sake, but because efforts to avoid painful feelings—for example by drinking alcohol, being passive in relationships, or avoiding public speaking—create suffering insofar as those efforts pull us away from things that are important to us and that contribute meaning and vitality to our lives. ACT centers on identifying the thoughts and feelings that act as obstacles to valued living and aims to change our relationship to those internal experiences, rather than changing the experiences themselves.

So why use the ACT approach? Because it works and clients like it. Research suggests that ACT is effective with a wide variety of conditions, including eating disorders (Baer, Fischer, & Huss, 2005; Juarascio, Forman, & Herbert, 2010), anxiety disorders (Brown et al., 2011; Vøllestad, Nielsen, & Nielsen, 2011; Roemer, Orsillo, & Salters-Pedneault, 2008), psychosis (Bach & Hayes, 2002), chronic pain (Vowles & McCracken, 2008; Wetherell et

al., 2011a), tinnitus (Westin et al., 2011), diabetes management (Gregg, Callaghan, Hayes, & Glenn-Lawson, 2007), skin picking (Twohig, Hayes, & Masuda, 2006), substance use problems (Hayes et al., 2004; Smout et al., 2010), depression (Zettle & Rains, 1989; Bohlmeijer, Fledderus, Rokx, & Pieterse, 2011), and others. Clients also rate ACT with greater satisfaction (Wetherell et al., 2011a) and may drop out less frequently than in some other types of therapies (Wetherell et al., 2011b). In addition, ACT offers a transdiagnostic approach to treatment, allowing it to answer the needs of clients with multiple symptoms, problems, or comorbidities, and making it easier to disseminate to professionals and trainees.

Metaphors and Exercises in ACT

ACT suggests that psychological inflexibility is at the core of human suffering, and that inflexibility arises through entanglement with verbal rules and the traps of language. Through the six core therapeutic processes, clients learn to mitigate the impact of literal language (taking the mind's messages at face value and becoming fused with their content). This creates the wiggle room needed to take actions that are guided by personal values, rather than being driven by internal private events.

If, however, language is at the core of human suffering, how can we use psychotherapy to alleviate suffering, given that the foundation of therapy is verbal dialogue? Of course there is no getting around the need to use oral communication. However, ACT attempts to circumvent some of the problems inherent in literal language by shifting away from traditional didactics and dialogue and moving toward a more experiential encounter. Through mindfulness exercises, clients are encouraged to observe and make contact with their thoughts and emotions as they occur, both in and out of session. In addition, the use of a wide variety of metaphors and experiential exercises is central to helping clients understand the approach in an experienced way, rather than intellectually.

How This Book Came About

That's where this book comes in. We have been practicing, researching, teaching, and supervising ACT for years. Throughout these years, we have had to hunt for metaphors

and exercises to use with our clients and trainees by searching through the various resources on our bookshelves, and we have often thought, *Wouldn't it be great to have one book that offers one-stop shopping with scripts for all of the core concepts?* We were especially interested in a resource like this to help our trainees go beyond the classic ACT metaphors and exercises—one that would allow them to create their own scripts tailored to the needs of specific clients. Then, a few years ago, we finally decided to make a bold move and create that resource ourselves.

Perhaps most exciting is the fact that, while we are the authors named on the front cover, this book was really written by the ACT community. We knew that providing the number of novel exercises and metaphors we envisioned would, as they say, require a village. The beauty of the ACT community is that it is comprised of a group of bright, enthusiastic individuals with an impressive record of collaboration and sharing that can be readily observed on the website of the Association for Contextual Behavioral Science (ACBS; <http://contextualscience.org>), in the many books published by New Harbinger that provide free companion resources, and on the various websites of ACT practitioners. So we reached out to the ACT community via e-mail and the ACBS Listserv asking people to contribute their favorite metaphors and exercises to the book. The response was astounding! We received contributions from all over the world, along with a lot of positive and excited comments about the book. We are immensely grateful to everyone who contributed; without them, this book would not exist. We also thank everyone for allowing us to edit their contributions, sometimes substantially, in the service of creating a more uniform, consistent presentation.

Who This Book Is For

The Big Book of ACT Metaphors is for any professional who practices, researches, teaches, or supervises ACT. Whether you are new to ACT or are a more experienced clinician, this book offers a substantial number of new exercises and metaphors, along with a few classics. This book is not intended for ACT therapy clients; however, scripts may be photocopied and sent home for practice. In the appendices you'll find worksheets to accompany several of the exercises; these are available for you to download at <http://www.newharbinger.com/25295>. (See the back of this book for more information.)

What You Can Expect in This Book

This is a book designed to supplement existing (and future) ACT protocols by providing clinicians, researchers, and trainees with a one-stop resource for finding (or creating) the perfect metaphor or exercise to demonstrate any of the six core concepts of ACT.

Chapter 1, Overview of ACT, provides a brief snapshot of relational frame theory (RFT), ACT, and each of its six core therapeutic processes. Chapter 2, Bypassing the Traps of Language with Experiential Practice, uses the principles suggested by RFT to provide a detailed discussion of how metaphors and exercises can enhance experiential learning and psychological flexibility. In addition, it provides instruction in the development of novel, ACT-consistent metaphors that can be tailored to specific client needs.

Chapters 3 through 8 each cover one of the six core concepts of ACT: acceptance and willingness, cognitive defusion, present-moment awareness, self-as-context, values, and committed action. Each chapter begins with a summary of the concept covered, followed by exercises and metaphors demonstrating that concept, usually with scripts for presenting the exercise or metaphor. Some exercises might be especially salient for specific types of clients (e.g., groups, trauma survivors, athletes), and many of the exercises can be tailored to be more relevant to a particular client. In these cases, we mention this in the introduction to the exercise or metaphor. Some of the exercises and metaphors come from previously published materials, and in these cases, we provide citations with page numbers. However, most of the exercises and metaphors were provided by members of the ACT community; for these, we've noted the creator's name and the year the metaphor or exercise was created or submitted to us.

Not surprisingly, chapter 9, Bringing It All Together, pulls everything together. It reviews and summarizes the role of metaphors and experiential exercises in ACT. In addition, it provides general guidelines for situating metaphors and exercises in the course of therapy, along with common pitfalls to be aware of. We also give an example of a metaphor that addresses multiple core processes.

Finally, in addition to providing worksheets, the appendices include a selected list of previously published metaphors and exercises, focusing primarily on classics that are frequently associated with ACT. At the end of the book, you'll also find a selected list of additional ACT resources. Because this book is primarily a compendium of metaphors and exercises and not a detailed ACT protocol, we recommend that this book be used as an adjunct to other, more comprehensive ACT resources.

We hope you enjoy this book as much as we enjoyed putting it together. One of the greatest advantages of ACT is its flexibility and the space it allows for creativity. We hope our book inspires you to get creative!

CHAPTER 1

OVERVIEW OF ACT

Theoretically, ACT is grounded in the experimental work of RFT, which asserts that much of human suffering is attributable to the bidirectional and generally evaluative nature of human language (Hayes, Barnes-Holmes, & Roche, 2001). Here's a quick example of how language alters our experience of the world: Nonhuman animals and young children are able to recognize that a dime is smaller than a nickel based on physical comparisons, but as we develop more complex language and cognitive functioning, these relationships can be transformed, actually changing how we relate to our experience of these objects. For instance, it is only through the acquisition of language and an understanding of socially constructed definitions that we come to relate to the comparison of a nickel and a dime in the context of monetary value and conclude that a dime is "bigger" than a nickel (Hayes et al., 2001). As far as we know, humans are the only species that engages in the behavior of relating two stimuli not only by physical properties but also, and largely, by social contingencies and conventions that are created by language (Hayes et al., 2001).

Language and Suffering

RFT also suggests that the unique capability of humans to respond to derived relationships (which places us at the top of the food chain) is exactly what traps us in emotional suffering. Specifically, our abilities to plan, predict, evaluate, verbally communicate, and relate events and stimuli to one another both help and hurt us (Hayes et al., 1999). Clearly our higher cognitive abilities allow us to solve problems. For example, if you get a terrible haircut, you can go back to your stylist (or perhaps decide to see a new stylist) and get a different haircut. If you don't like the color you just painted your walls, you can choose a

new one and repaint them. At the same time, we often wrongfully try to apply these same skills to our inner experiences. We believe we should be able to control the way we think and feel in the same way we can control our hair and our houses. However, mounting research has demonstrated that the more we attempt to suppress thoughts and feelings, the more present they become (Abramowitz, Tolin, & Street, 2001; Campbell-Sills, Barlow, Brown, & Hofmann, 2006). In addition, although these attempts to avoid our internal experiences (i.e., experiential avoidance) may appear to work in the short term, they ultimately lead to a more restricted existence. For example, a person who feels anxiety every time he enters a social situation may temporarily reduce his anxiety by avoiding interpersonal encounters; however, his ability to live life freely will become greatly limited, and his fear of social interactions will persist. Thus, the verbal rules we successfully use to solve many problems in the external world typically cause suffering when we attempt to use them to “solve” painful thoughts and feelings.

ACT stipulates that overidentification with literal language leads to psychological inflexibility, and that this inflexibility is at the core of human suffering. This interrelationship can be further broken down into six core pathological processes, illustrated in figure 1.1: experiential avoidance, cognitive fusion, dominance of the conceptualized past and feared future, attachment to a conceptualized self, lack of clarity regarding values, and lack of actions directed toward values. The ACT path to emotional well-being involves moving toward psychological flexibility via six dialectical therapeutic processes.

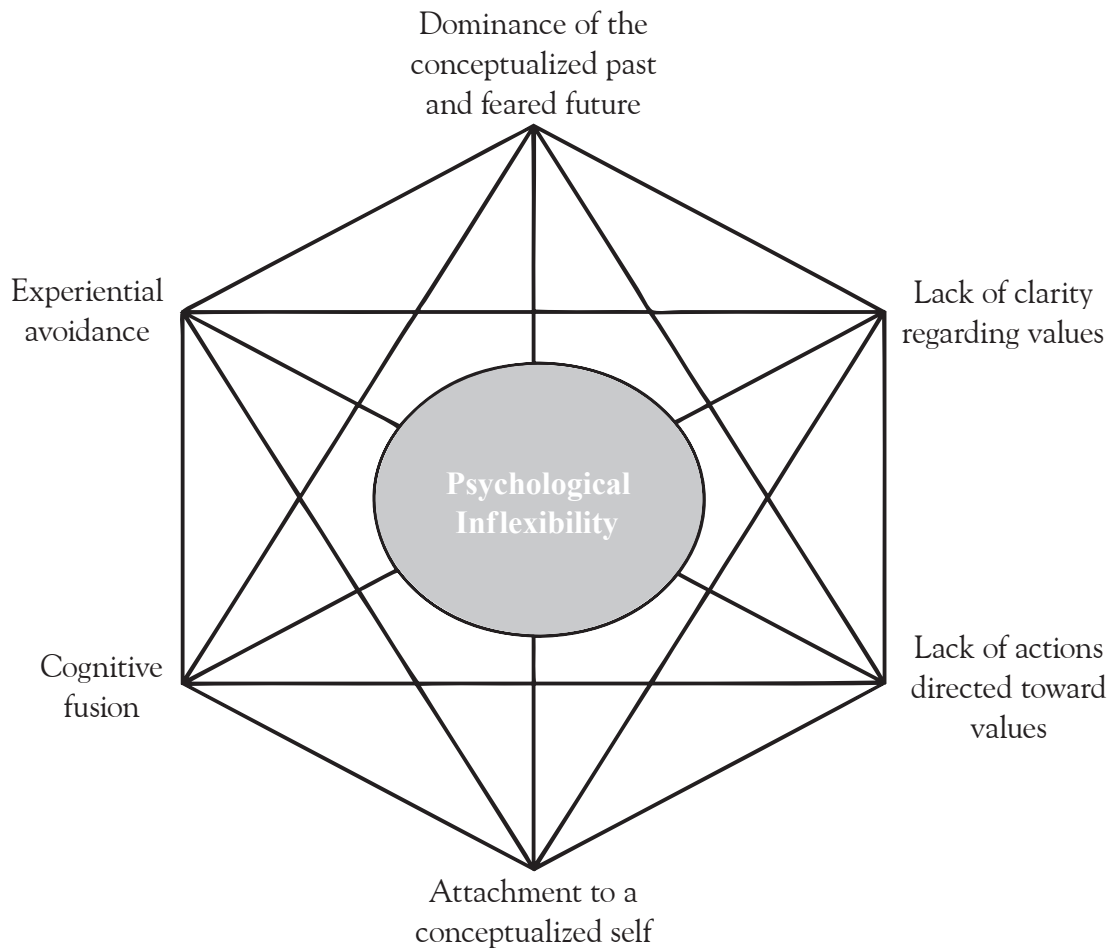


Figure 1.1. The ACT hexaflex: psychological inflexibility

ACT's Six Core Therapeutic Processes

ACT purports that psychological flexibility is at the heart of healthy emotional functioning. Through six core therapeutic processes—acceptance and willingness, cognitive defusion, present-moment awareness, self-as-context, values, and committed action—clients are guided to open up to and act upon actual experience rather than what the mind or body demands.

Acceptance

Acceptance (along with the related concept of willingness) involves making full contact with internal experiences without attempting to escape, change, or control those events. Acceptance does not imply liking or wanting, nor does it represent giving up, giving in, or resignation. Simply put, acceptance means gently holding whatever arises. At first, clients often balk at this seemingly counterintuitive idea, wondering why they would ever choose to accept emotional or physical pain. ACT suggests two reasons: because struggling to avoid pain is ineffective and often amplifies suffering, and because acceptance often facilitates taking actions in the service of living a valued life.

Consider a client who uses alcohol to numb unwanted emotions. While this may “work” in an immediate way, alcohol typically intensifies negative emotional experiences over the long run. In addition, alcohol use probably interferes with the client being the man he truly wants to be, perhaps a good friend, loving father, dedicated employee, or concerned citizen. Acceptance of unwanted emotions, on the other hand, allows the client to observe and embrace his emotional experience, uncomfortable as it may be, in the service of making alternative, valued choices, perhaps attending his son’s ball game instead of heading to the bar.

Cognitive Defusion

In ACT, cognitive defusion refers to the process of stepping back from thoughts and observing their presence. ACT purports that thoughts aren’t inherently problematic unless we become fused with their content and meaning (in other words, we buy what our minds are telling us) and react, often impulsively, in response. When we defuse, we disentangle from our self-talk and merely observe thoughts as entities separate from ourselves, as simply words. Cognitive defusion is the process by which we change our relationship with the content of our thoughts.

Perhaps you can relate to having a thought like *I’ll never be a great therapist*. Consider the ways in which believing this thought may impact your behavior. Perhaps you’d stop putting forth your best effort or you’d turn down opportunities for continued learning. You might even give up pursuing your career or studies in psychology altogether. Fusion with this thought can come at quite a cost! Consider instead simply witnessing what your mind has just told you, in much the same way as you might watch an airplane pulling a banner across the sky. Imagine how your behavior might change (or not be

affected in the first place) if you chose to simply observe the process of your mind generating this thought. This brings to light the ultimate purpose of defusion: Like acceptance, defusion creates wiggle room to make valued choices. In other words, if buying the thought *I'll never be a great therapist* causes you to change careers, simply observing that thought gives you the space to make a different choice. This doesn't mean the thought disappears; it simply means that you're no longer driven by its content. Instead, you're freed to continue moving in the directions that are most important to you, like being the best therapist you can be.

Present-Moment Awareness

Present-moment awareness has been described as one aspect of mindfulness, and as such it has been practiced for thousand of years. It can be defined as a process of non-judgmental, present-focused awareness and therefore has direct relevance to acceptance, defusion, and self-as-context. The human mind spends a lot of time worrying about the future and ruminating about the past. While these processes may be adaptive in some ways (e.g., remembering a past mistake may prevent it from happening in the future), being dominated by thoughts of the past and future can also come at a cost. For example, focusing on past experiences may prevent current movement in valued directions.

Consider a woman who values her career and has a disappointing job interview. A continued focus on this past event may prevent her from pursuing important career goals. Focusing instead on compassionate observation of internal and external stimuli in the present moment would allow her to turn off her autopilot and respond in a more flexible, nonreactive way that's consistent with her values.

Self-as-Context

Self-as-context refers to a sense of self that transcends the content of one's experiences. In other words, there is a "you" that is observing and experiencing your inner and outer world and is also distinct from your thoughts, feelings, physical sensations, and roles. From this perspective, you are not your thoughts and feelings; rather, you are the context or arena in which they unfold. When we're stuck viewing ourselves from a *self-as-content* perspective, on the other hand, we tend to be driven by the scripts we have about ourselves, our lives, and our histories. For example, a client may have a story about himself that goes something like this: "I am the son of a firefighter. I am the

grandson of a firefighter. Good firefighters are brave. Brave firefighters don't show their feelings. I must become a good firefighter." If the client defines his identity by the content of his story, it will drive his actions—even if those actions aren't consistent with his personal values. Self-as-context aims to shift the client from this perspective to one of observer and experiencer of life as it unfolds. He may then choose his actions based on his values, rather than based on the stories he has about himself and his roles.

Values

In ACT, values are paths or directions defined by the individual as important and meaningful. Values define who we truly want to be and what we want to stand for. Traveling in valued directions makes life rich and fulfilling. ACT isn't about changing internal private events; it's about changing behaviors. Values provide the road map for making these changes. For example, if one of your values is having intimate and trusting relationships, you may behave in accord with that by calling your partner to say "I love you" or making time to talk with a friend about her day. A key feature of values is that they cannot be permanently achieved. Another feature is that values are personal: what is important to one person may not be important to another, and what is valued by an individual's parents or culture may not be important to that person. To facilitate making this distinction, you might ask yourself, "If no one knew I was doing this, would it still be important to me?" Acceptance, defusion, present-moment awareness, and self-as-context are practiced to promote greater flexibility in the service of living in accordance with personal values.

Committed Action

Finally, committed action is simply walking the walk. Values provide the direction, and committed action is the actual behavior change. You might help clients identify committed actions by talking about goals that are in line with their identified values. It's important to clarify the difference between values and goals. A value may be thought of as a direction or path that is never finished, achieved, or accomplished, whereas a goal can be checked off a to-do list when it has been completed. For example, you may value learning, education, and helping others, so you set a goal to get an advanced degree in a mental-health field. Learning and helping are ongoing, while getting a degree has an end point. It is in the actual practice of taking committed actions that ACT may begin to resemble traditional behavior therapy. ACT therapists

may use problem-solving strategies, exposure techniques, assertive communication skills, and the like in an effort to get clients moving in valued directions. Of course, internal obstacles, such as thoughts and feelings, will arise and threaten to interfere with taking actions in line with those values. Thus, acceptance, defusion, present-moment awareness, and self-as-context are practiced in the service of overcoming those obstacles.

Psychological Flexibility

To sum up, the ultimate goal in ACT is psychological flexibility (illustrated in figure 1.2), which is the ability to be fully present and open to our experiences so that we can take actions guided by our values. More simply put, psychological flexibility is the ability to be present, open up, and do what matters (Harris, 2009). Ultimately, being present, opening up, and doing what matters leads to a life that's rich, meaningful, and characterized by true vitality.

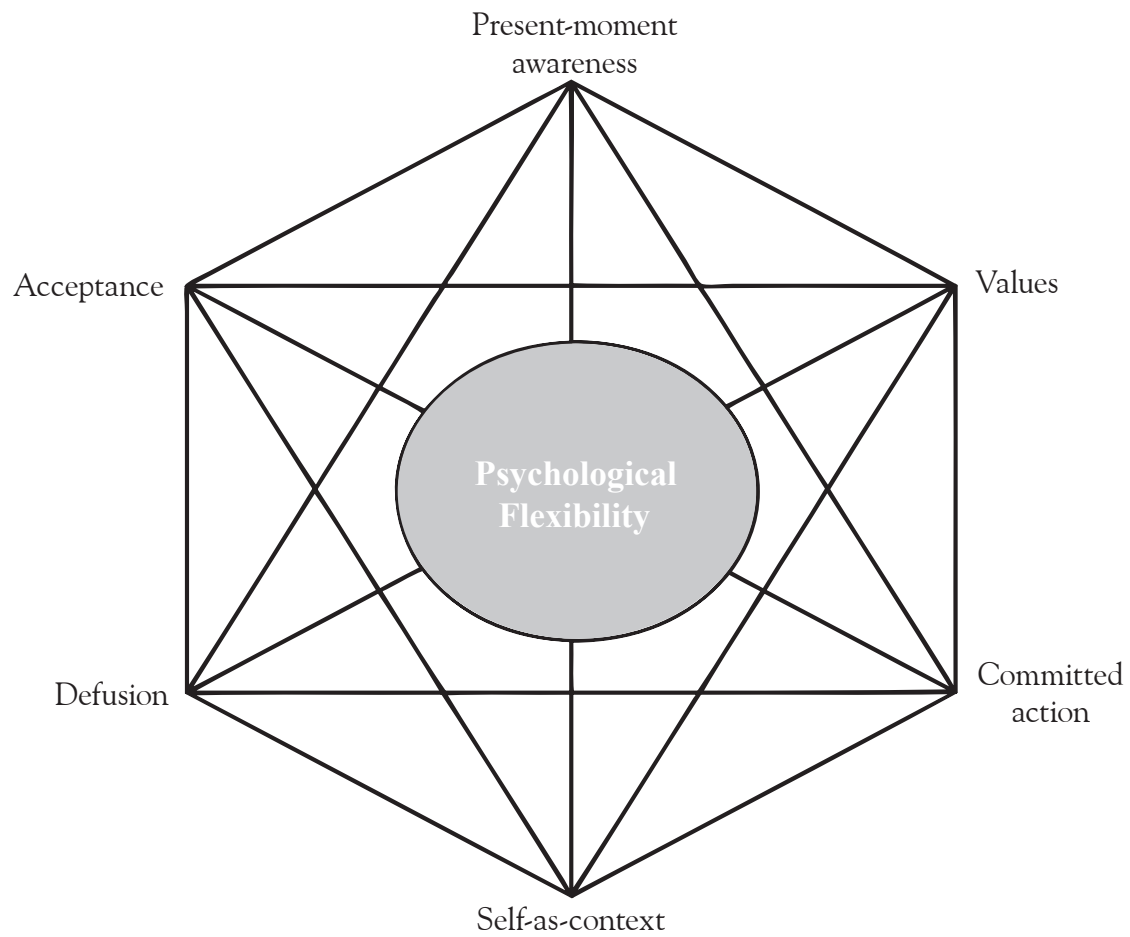


Figure 1.2. The ACT hexaflex: psychological flexibility

CHAPTER 2

BYPASSING THE TRAPS OF LANGUAGE WITH EXPERIENTIAL PRACTICE

Matthieu Villatte, Jennifer L. Villatte,
and Jean-Louis Monestès

When confronted with the tricks that language plays on people who suffer from psychological difficulties (and people in general, us included), therapists need to reconnect clients to useful elements of their experience. In psychotherapy, this cannot be done without language, since almost everything that happens in a therapy session is made of symbolic interactions. (Even a moment of silence often means something!) Thus, therapists need to use language in an experiential way, and this is the path chosen by ACT and other third-wave psychotherapies, such as mindfulness-based cognitive therapy (Segal, Williams, & Teasdale, 2002), dialectical behavior therapy (Linehan, 1993a), and functional analytic psychotherapy (Kohlenberg & Tsai, 1991).

In RFT terms, our aim as experiential therapists is to undermine the arbitrary application of language when it leads to ineffective behaviors, and to use language to increase contact with nonarbitrary features of the environment. This process is initiated as soon as therapy begins, as you conduct a functional assessment of the client's problematic behaviors. For example, you can ask questions such as these:

- *When you wait to feel less depressed before going back to work, what happens?*

- *How has the strategy you're following to deal with your depressed feelings worked so far?*
- *When you don't admit that you're wrong, does it make you feel closer or farther away from the person you're arguing with?*

Note that, while language is obviously employed to ask these questions, they are intended to direct clients' attention to what they concretely experience in life. This is significantly different from the process that would be targeted by a question such as "Do you think that admitting you're wrong is truly a sign of weakness?" This type of question prompts clients to evaluate the credibility of the statement without consideration for their experience. As a result, they're likely to think that the statement is true no matter what happens in their life.

Different Kinds of Experiential Practice

A wide range of experiential techniques can be used throughout the course of ACT therapy. Mindfulness constitutes one of the most well-known and empirically supported sets of exercises employed in therapies that emphasize contact with experience over changing thoughts (Hayes, Villatte, Levin, & Hildebrandt, 2011). Typical mindfulness techniques consist of a variety of meditation exercises in which clients are trained to observe every perceivable event, both external, such as sounds and smells, and internal, such as thoughts and sensations. From an RFT perspective, this is done to increase attention to nonarbitrary aspects of the environment, including the mental environment. Metaphorically, we can say that this process widens the holes of the filter created by language, letting in more direct experience. For example, when clients observe their bodily sensations for a long period of time, as in a body-scan exercise (Kabat-Zinn, 1991), they are encouraged to notice and allow the full range of intrinsic features of these sensations and to let go of judgments and evaluations produced by language. More concretely, if a client feels pain in his arm, he is encouraged to observe the multiple facets of this sensation (e.g., Does it burn? Does it throb? Is it acute or diffused?), while reactions or judgments (e.g., "It's unbearable" or "I hate feeling this sensation") are weakened by instructions to "let go."

Interestingly, even verbal forms of control can help decrease certain sources of verbal control, as in the instruction "Let go of judgments." From an RFT view, this isn't paradoxical, as verbal control per se is only problematic when the insensitivity it generates leads to ineffective behaviors. If clients are encouraged to observe the course of

their thoughts without reacting to them, their behavior is indeed controlled by a rule, but a rule that increases the likelihood that they will adopt new behaviors more adapted to their environment.

In ACT, mindfulness is considered to be a combination of processes, including acceptance, defusion, contact with the present moment, and self-as-context (Wilson & DuFrene, 2009). Each of these processes can be targeted with relatively specific techniques, even if interactions between the processes are quite common (Hayes, Strosahl, & Wilson, 2011). For example, a client may be encouraged to “make room for a painful emotion” after the evocation of a difficult memory. In RFT terms, the therapist creates a verbal context that triggers a painful psychological event and encourages the client to contact the consequences of not trying to escape it. While the client may originally think that painful emotions ought to be avoided, directly experiencing acceptance may expand the range of her future reactions to painful emotions and make certain actions more available (e.g., accepting the feeling of anxiety in order to be able to speak in public, or accepting feeling depressed in order to be able to do meaningful activities again).

Defusion exercises often consist of recontacting the nonarbitrary characteristics of verbal stimuli. For example, repeating a word very quickly for thirty to forty seconds decreases the meaning carried by an originally nonarbitrary sequence of sounds. In more general terms, the client is led to perceive that a word is just a word and not the actual event it refers to. Hence, reactions to words evoking danger (e.g., “death”) or fostering rigidity (e.g., “I have to”) can become more flexible.

Exercises focusing on the present moment, for example, consist of directing attention to breathing. Since breathing always takes place in the present, this helps clients undermine the control exerted by language when it takes them to the past or to the future, away from present sources of satisfaction or actual consequences of their behavior.

Self-as-context exercises target a specific kind of verbal skills (perspective taking) and often involve observing oneself from another point of view through imagination. This puts clients in contact with the distinction between fleeting descriptions of the self and a more permanent perception based on a continuous perspective.

Interestingly, some experiential exercises in ACT aim at *increasing* verbal control over direct contingencies. In this case, the goal is to elaborate a network of verbal relations establishing a connection between a discrete event or action and meaningful but distant or abstract consequences. For example, clients may be asked to set an alarm randomly, notice what they’re doing each time the alarm sounds, and observe whether that action is connected to a value in an important domain of life. For example, if the

alarm sounds in the middle of a conversation with a friend, a client might notice that this action is in a relation of hierarchy with his value for connection in relationships—talking with a friend is part of what he does to be close to his friends. (In RFT terms, talking with a friend is in a relation of hierarchy with “connection in relationships” because this higher-order concept includes a broad set of possible actions, such as lending a hand to a friend who needs help, inviting a friend for dinner, or sharing personal experience with a friend.)

Such exercises can be helpful for clients who have difficulties connecting with what makes their actions meaningful in the moment, especially if the consequences of these actions are abstract and may never be directly contacted. For example, making time for her children might be aversive for a parent who is devoted to her work, but she can establish a relation of hierarchy between being there for her children and the abstract concept of “being a good parent.” She can also establish an if-then relationship between “if I raise my children well” and the distant consequence that she may never actually contact: “they will have a happy adult life.” As a consequence of such increased awareness, the client might be more able to engage in concrete actions directed toward her values, strengthening the probability that these actions will remain in her behavioral repertoire. This is particularly useful when engaging in valued actions brings about painful emotions. For example, while expressing one’s feelings to a partner may enhance intimacy, it may also trigger anxiety. In this case, verbally connecting with what matters (intimacy with one’s partner) can change the meaning of the immediate aversive experience: feeling anxious becomes a sign that one is moving toward intimacy.

Metaphor as an Example of the Experiential Use of Language

Formal experiential exercises aren’t the only way you can help clients undermine the negative effects of language. For example, you can also point clients’ attention toward their direct experience simply by means of questions, reformulations, and prompts to adopt a different perspective. Furthermore, certain forms of language are themselves genuine experiential triggers. In particular, metaphors are emblematic of the experiential use of language in ACT, which employs this tool for a specific purpose. Metaphors make abstract concepts concrete by providing a rich verbal context that evokes thoughts, feelings, and behaviors similar to those evoked by the client’s actual situation.

The story-like quality of metaphors has the advantage of providing instructive lessons that are rich in emotional and perceptual detail, mimicking direct contact with the environment and making the experience more memorable. Metaphors create a verbal world where clients can explore new behaviors and discover the contingencies for themselves, circumventing the potential traps of learning by rules. Metaphors also draw attention to salient features of a situation that may go unnoticed in clients' real-world environment, thus liberating them from the cage built by language. Here again, RFT provides guiding principles for building metaphors that have maximal therapeutic impact.

Relation of Relations

As discussed in chapter 1, from an RFT point of view language is made of relations among things. We build and understand relations, and we respond to these relations. In some cases, a simple relation between two events can influence our behavior. For example, if a waitress brings a dish to our table and says, "It's very hot!" we will probably be careful when touching the plate. We understand the relation built by the waitress between the plate and "hot," and this influences the way we interact with the plate. In other cases, a combination of simple relations can govern behaviors in a more sophisticated way, as when following complex instructions (O'Hora, Barnes-Holmes, Roche, & Smeets, 2004).

Sometimes a relation can be established between two sets of relations and trigger interesting reactions, and this is often the case with metaphors (Lipkens & Hayes, 2009; Stewart, Barnes-Holmes, Hayes, & Lipkens, 2001). Consider the example of a man telling his beloved partner that she is the compass of his life. This is obviously a metaphor, since the woman isn't actually a compass. There is, however, a similarity between what the woman and a compass bring to the man. If the man follows his partner's advice, he'll find his way in life, and if he follows the compass's directions, he'll find his way in the forest. In RFT terms, a relation of equivalence links two sets of conditional relations (see figure 2.1). The man could also tell his partner that if she took the afternoon off work and spent it with him, this would light up his day. Once again, the woman is obviously not going to actually bring more light to the man. However, bringing joy by spending the afternoon with him is similar to the sun literally bringing light to his day. Again, in RFT terms, a relation of equivalence links these two sets of conditional relations. If the woman spends the afternoon with her partner, she will bring him joy, and if the sun emerges from behind clouds, it will bring light.

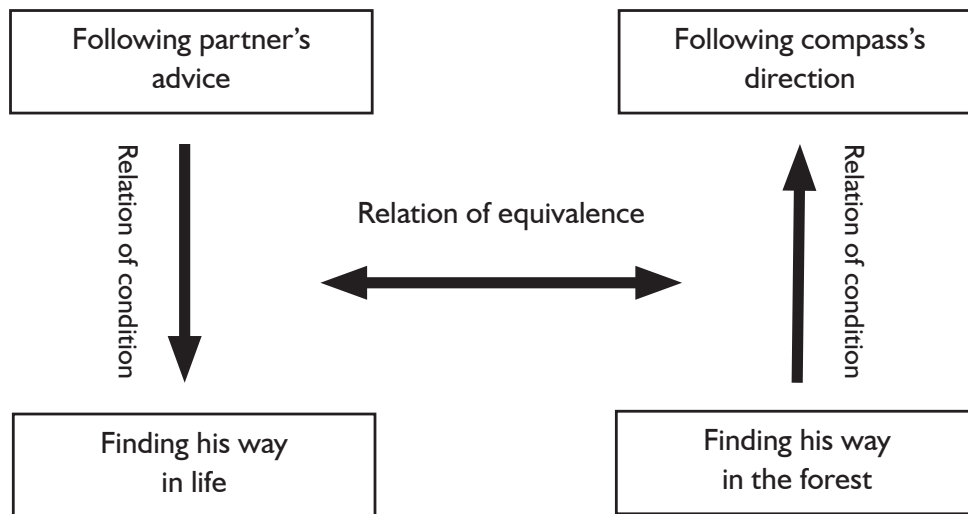


Figure 2.1. A relation of equivalence between two sets of conditional relations

Highlighting the Function of Behavior Through Metaphor

Metaphors employed in ACT are often more elaborate than the preceding examples, but they lean on the same principle. For example, the classic Hungry Tiger metaphor (Hayes, 2005, pp. 36–37) consists of asking a client to imagine finding a baby tiger in front of her door and having to take care of it until a shelter is found. As days pass, the tiger begins growling with hunger, so the client gives him some food, but the tiger gets stronger as a result, and when he gets hungry again, he becomes very aggressive. The client has no choice but to give more food to the tiger, which makes him even stronger and more aggressive when hungry, creating a vicious circle. This metaphor is presented to the client to draw a parallel with counterproductive attempts to suppress painful emotions.

As in the examples above, a relation of equivalence also exists between two conditional relations here: “If I feed the tiger to calm him down, the tiger will get stronger and more aggressive, and if I try to suppress my painful emotions, the emotions will get stronger and more difficult to bear.” Yet clients often consider avoidance to be the best strategy for alleviating suffering, probably because of the short-term relief often afforded by emotional suppression and because of the insensitivity generated by following rules, in this case “I need to think of something else so I can feel better.” You can use such a metaphor to direct the client’s attention to the concrete consequences of her actions in

a context that's topographically different from her problematic situation but that contains a similar functional sequence. If the client perceives the functional equivalence between the two situations, she may see her own emotional suppression as counterproductive in the long-term, creating an opportunity for behavior change.

There are numerous metaphors created by the community of ACT therapists (many of which are in this book), in a variety of languages and cultures, targeting different processes, and using different forms. In some cases, the metaphor has the form of a concrete exercise requiring clients to take action and observe the consequences of different strategies. For example, the Blind Writing exercise (which appears in Monestès & Villatte, 2011, p. 49) consists of asking the client to write a sentence on a board while the therapist puts a visual obstacle in front of his eyes. In the first phase, the client is asked to do everything he can to be able to see while writing, which leads to spending all his energy on avoiding the obstacle rather than on writing. In the second phase, he's asked to try another approach: instead of attempting to get rid of the obstacle, he's asked to focus his efforts on writing even if he can't see the board. With this approach, the client is generally able to write a legible sentence—without the frustration and wasted energy of struggling with the obstacle. A relationship is thus established between trying to get rid of painful emotions and trying to get rid of the visual obstacle. In both contexts, attempts to remove the obstacle monopolize the client's efforts and detract from the goal at hand, whereas accepting the presence of difficulties (painful emotions or the visual obstacle) allows the client to engage in the desired action with success. In this physical metaphor, as in metaphors presented as stories, the ultimate goal is to transform the function of the problematic behavior so that ineffective strategies can be seen for what they are, allowing new behaviors that better fit the environment to emerge.

Building a Therapeutic Metaphor

Based on the elements we've presented in this chapter, you can see that two main principles are key in building an efficient, novel metaphor in therapy. First, as noted earlier, it's crucial that clients be able to observe the concrete consequences of their actions in the situation presented in the metaphor (e.g., feeding the tiger has the consequence of making the tiger bigger, stronger, and more demanding). While a metaphor like the Hungry Tiger is easily understood by most clients, it has the limitation of leaning on a situation that most people will never encounter. Thus, it requires another level of relational activity: imagining what would happen if one were to feed a hungry baby tiger.