



Five Simple Steps to Foster Defusion From Just About Anything!

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12 MIN READ APPROX.



There are well over a hundred different strategies for defusion described in ACT textbooks. In this eBook, we'll focus on just five simple strategies that we can flexibly combine to good effect: **Notice**, **Name**, **Normalise**, **Purpose**, and **Workability**. We can use some or all of these strategies at any point in therapy – even in the very first session – to foster defusion from just about anything.

Notice & Name

All defusion strategies begin with noticing the presence of cognitions. To help clients get better at this, we might ask, “What are you thinking right now?” or “If I could listen into your mind, what would I hear?” or “Do you notice how quickly your mind chips in with that self-judgment?”

In formal mindfulness exercises, we might say, “Notice what your mind is doing right now; is it silent or active?” or “Notice your thoughts; are they pictures, words, or more like a voice in your head?” When clients

tell us their beliefs, ideas, attitudes, assumptions, judgments, worries and so on, they often don't even realise that these are cognitions. (Remember: speech = cognitions said aloud.) So we can help them to notice these cognitions by summarising them: "So your mind says XYZ?" or "So you have thoughts like XYZ?" or "So this theme/worry/idea/concern/belief/judgment - XYZ - keeps showing up?"

As we notice our cognitions, we usually also name or "label" them. Initially we tend to use generic terms like "thoughts," "thinking," and "mind." Then we may get more specific: "worrying", "ruminating", "obsessing", "self-judgment", "black-and-white thinking". Or we may get more playful: "Here's the 'unlovable' theme again," "There goes 'radio doom and gloom'", "Aha! Here it is again: the 'not good enough' story, I know this one." (Often we help clients develop these naming skills through formal exercises such as "I'm Having the Thought That ...") And although it's not that common in ACT, we can also use technical terms like "schema", "narrative", or "core belief."

Noticing and naming go hand in hand. For example, "Do you notice how harsh your mind is being right now?" or "Do you notice that harsh self-judgment showing up again?" or "Do you notice how your mind keeps dragging you back into the past?" or "Those are worrying thoughts – and they keep coming back, don't they?"

Normalise

Most clients have the idea that there is something wrong with them for having so many "negative" or "weird" thoughts (especially if they've been told their thinking is "irrational," "distorted," or "dysfunctional"). So to normalise them serves three purposes: it validates the client, it facilitates defusion, and it fosters self-acceptance.

Basically, your mind is always trying to do some or all of the following:

- to help you learn (so you're better prepared in future)
- to remind you of what's important to you
- to protect you
- to help you get things you want
- to help you avoid things you don't want
- to help you change what you do so you can get better results

The mind is trying to help us avoid what we don't want or get what we do want (or both). Let's consider a few examples of how we might explain this — first in teacher mode (i.e. didactic education), then in detective mode (i.e. questioning, exploring, discovering).

TEACHER MODE

In teacher mode, we didactically explain or provide psychoeducation about “the mind's purpose”, as follows:

- **Worrying, catastrophising, predicting the worst.**

This is your mind trying to prepare you to get ready for action. It's saying: Look out... Bad things are likely to happen... You might get hurt... You might suffer... Get ready. Prepare yourself. Protect yourself.

- **Ruminating, dwelling on the past, self-blaming.**

This is your mind trying to help you learn from past events. It's saying: Bad stuff happened, and if you don't learn from this, it might happen again. So you need to figure out: Why did it happen? What could you have done differently? You need to learn from this so you're ready, prepared and know what to do if something similar should ever happen again.

- **Dwelling on how good life used to be, or how good you want it to be in future.**

This is your mind trying to motivate you. It's reminding you of what life was like before, and what you hope for the future, to try to motivate you to do what you can to build the life you want.

- **Self-criticism for recurrent problematic behaviour.**

This is your mind trying to help you change. It figures if you keep doing this stuff, there will be negative consequences – and it wants to save you from those. It figures that if it's really hard on you and beats you up enough, you'll stop doing these things; you'll shape up, sort yourself out, and do things better.

DETECTIVE MODE

In detective mode, rather than didactically explaining or providing psychoeducation, we invite the client to figure out “the mind’s purpose.” We may say, “Usually when our minds are saying these things, there’s an underlying purpose; they’re trying to protect us or help us to get something. Any idea about what your mind might be trying to do?”



Useful questions include:

- What might it be trying to protect you from?
- What might it be trying to help you get? Or avoid?
- Is it pointing to something that really matters to you?
- Could it be trying to help you change your behaviour?

We can usually quickly identify that pretty much any unhelpful thought or thinking process serves the purpose of protection, self-care, changing behaviour, or getting our needs met. This helps with normalising and validating. And it naturally follows on from a statement like “It makes perfect sense your mind keeps doing this.”

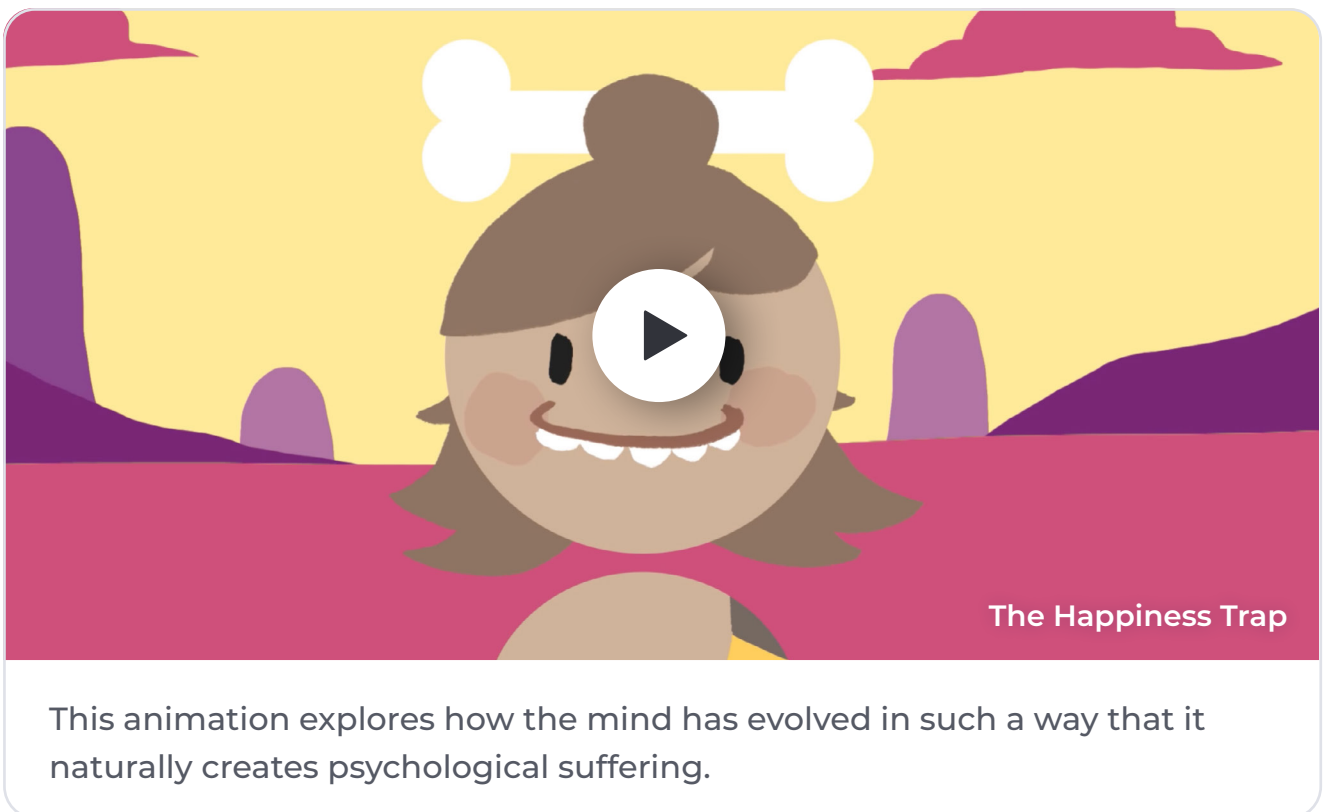
The good news is, not only does this facilitate defusion, but it enables us to readily segue into other processes, such as self-compassion and values, as we explore alternative, healthier methods of self-care, self-protection, changing behaviour, or meeting needs.

The ‘Overly Helpful Friend’ Metaphor

After highlighting “the mind’s purpose,” it’s often helpful to introduce the *Overly Helpful Friend* metaphor (Harris, 2015):

So basically, your mind is like one of those overly helpful friends—you know, one of those people who’s just constantly trying to be soooo helpful that they end up getting in the way, making things harder. Genuine intention to help—but actually doing the complete opposite. Well, that’s what’s going on here. Your mind’s intention is not to (therapist names the adverse effects of fusion, specific to this client [for example, “make you feel worthless”]). But unfortunately, that’s the effect it’s having.

For clients who believe in evolution, we can add impact to these explanations by talking about how the mind has evolved in such a way that is naturally creates psychological suffering. We can also explore the evolutionary origins of cognitive processes, such as worrying, ruminating, judging and comparing ourselves to others with the use of “Caveman Mind Metaphors.” But if clients don’t believe in evolution, there’s no need to include these.



Workability

After we’ve used some or all of the basic strategies, including *Notice*, *Name*, *Normalise*, and *Purpose*, we can bring in the principle of *Workability*. *Workability* offers a simple way to defuse: instead of examining thoughts in terms of their content (are they true, false, positive, negative, optimistic, pessimistic) we look at how we respond to our thoughts, and how those responses affect us.

Basically, we ask (and there are many different ways to do this, so be creative):

- *When these thoughts show up, what do you do?*
- *And when you do that, where does it take you?*

We can make this kind of questioning more powerful or specific by asking:

- *Does it take you towards or away from XYZ?*



(In this kind of question, XYZ could be: the life you want to live, the relationships you want to build, the person you want to be, the health and wellbeing you want to cultivate, or some specific therapy goal.)

The Choice Point offers a quick, user friendly method for introducing the concept of workability.



A Good First Step ...

A good first step is to identify the problematic behaviour that results from fusion. This may be covert behaviour (such as worrying and ruminating) or overt (for example, social withdrawal and substance abuse). In detective mode, we ask questions like:

- When these thoughts show up, what do you usually do?
- What happens if you do what they tell you to do?
- If I were watching you on a video, how would I know that you had been hooked by these thoughts? What would I see you doing or hear you saying?

(In “teacher mode” we could even pull out an [Away Moves Checklist](#) that lists common patterns of fused behaviour and ask which are relevant.) Once we know what the fused behaviour is, we can then ask a workability question, such as:

- And in the long term, what direction does that take you?
- And would you call that a towards move or an away move?
- And is that more like the sort of person you want to be—or less?
- And what (or who) does that take you away from?

Of course, we ask these questions with genuine curiosity and compassion. (No point scoring, judging, or shaming the client.) Here's an example:

Therapist: So when your mind starts laying into you—pulling out the “damaged goods” theme— what usually happens?

Client: I get really down.

Therapist: So if I were watching a video of this, what would I see or hear you doing on that video that would tell me, “Wow! Siobhan has really gotten hooked by this! She's really down”?

Client: Different things. Like, if it was at home in the evening, you'd probably see me going into my bedroom and crying.

Therapist: And who does that take you away from?

Client: Mike. He hates it when I leave him.

Therapist: So, it takes you away from the sort of relationship you'd like to have with Mike?

Client: (sighs, looks downcast) Yeah.



The therapist then goes on to ask about what happens when the client gets hooked in other situations, such as work and social events. The therapist then summarises:

Therapist: So when you get hooked by the “damaged goods” theme, it pulls you away from some really important things: quality time with Mike, important meetings at work, joining in and engaging when you’re socializing...

Client: Yeah.

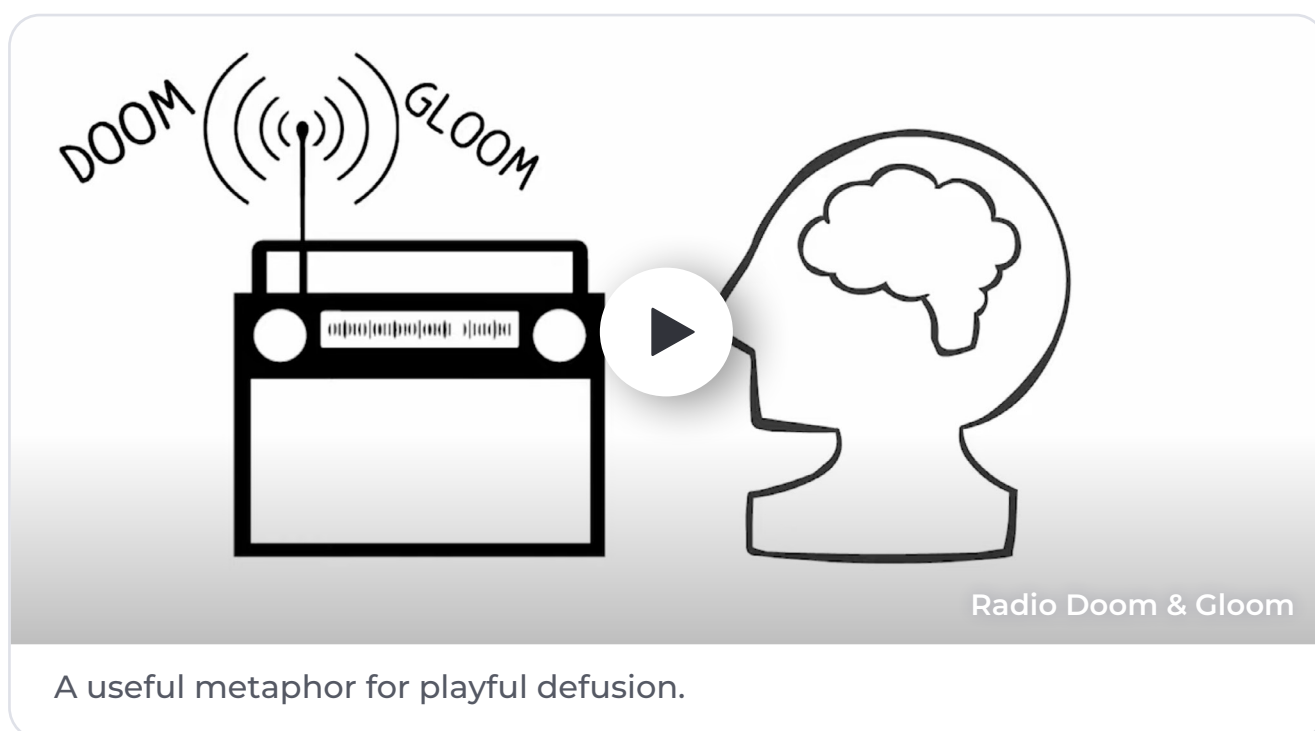
Therapist: So I’m wondering, would you like to learn a new way of responding to these thoughts, that’s very different from what you normally do?

Client: Okay.

What Next?

After running through the steps above, many clients will already be fairly defused from the thoughts in question. The therapist can then go further, and introduce the client to some simple defusion strategies - for example “I’m having the thought that” (Noticing and Naming) or “naming the story” (Noticing and Naming) or “Thanking your Mind” (noticing, naming, purpose).

They may also introduce playful notice & name techniques: for example, following the ‘Radio Doom & Gloom’ metaphor, the client may try saying: “Aha! Here’s Radio Doom & Gloom again! I’ve heard this program/song/track/playlist before!”



The idea is to practice these techniques in session first, then take them away and practice them in everyday life. When clients can notice and name their thoughts, acknowledge them as normal, recognise the “mind’s purpose” in generating them, and look at them in terms of workability— that’s a fair bit of defusion! And it also lays the groundwork for acceptance and self-compassion.



When Clients Keep Returning to the Past or the Future

Some clients will repeatedly go back to narratives about the past (how bad it was, or how good it was before the bad stuff happened) or future (how good they want it to be or how bad they think it will be). And of course, when we're getting to know the client and build rapport, we compassionately bear witness to these narratives, and validate the painful feelings that go with them, and do what we can to help the client foster some self-compassion. (Remember: [first dance in the dark, then lead to the light.](#))

After all, to get caught up in the past or future is normal; we all do it, and it isn't necessarily a problem. Indeed, in some sessions we actively encourage clients to bring up narratives of the past or future, for all sorts of different reasons: to tease out values, set goals and create action plans, develop self-awareness and self-compassion, trigger difficult feelings for the purpose of practicing acceptance skills, trigger some fusion for the purpose of practicing defusion skills, and so on.

However, sometimes it can be a barrier to therapy - for example, when we're working on a particular process, skill or task, and the client keeps 'going off on tangents' into the past or future, instead of engaging in the task at hand. So let's explore what we can do when this happens.

First Things First

If we want to intervene, we first need certain things in place:

- We need to have obtained informed consent for ACT
- We need to have established behavioural goals for therapy
- If we haven't done either or both of those things, that's top priority. Without those fundamentals in place, we're going to find it hard to do ACT effectively.

If we've covered them, we can bring in **Notice, Name, Normalise, Purpose,** and **Workability.**

First, we respectfully and compassionately **Notice, Name** and **Normalise.** For example "Do you notice how your mind keeps pulling you back to XYZ? This is what minds do; everyone's mind does this."

Then we can clarify "the mind's **Purpose**" in doing this – which further normalises, validates, and provides insight. We may begin by saying: "This is your mind trying to help." And then we explain how.

Then we can bring in the concept of **Workability:** we explore what the client usually does when these thoughts arise, and whether that works to take them towards the life/health/relationships (or other therapy goals) they want.

We might say: “The thing is, we want to make these sessions as effective as possible, so you can get the maximum benefit from them. So when your mind comes up with this stuff during our session, we have two choices about how we respond to it. One option: we stop actively working towards XYZ (*XYZ = client’s behavioural goals*) and instead we shift our attention and energy to discussing whatever it is your mind’s coming up with. The other option: we let your mind say that stuff, but we don’t let it take the session off-track; we acknowledge your mind’s trying to help, and we carry on working together towards XYZ.”

Acknowledge and Carry on

When the client sees the benefits of the second option over the first, we can ask them to practice a simple “notice and name” strategy whenever those thoughts or thought processes recur.

“Ticking thoughts” or “Checking thoughts” is a particularly powerful “notice and name” practice – one of my favourites. Either the client or therapist writes the recurrent thoughts on a piece of paper, which the client then keeps, along with a pen. The therapist asks the client to tick or check a thought each time it recurs.



For example:

- “Ah! There it is again. Give it a tick.”
- “Wow! Four checks by that one, already. How many checks do you think will be there by the end of the session? My guess is about 15; what’s yours?”
- “See how it keeps popping up? Give it another tick for good effort.”

Note: This MUST be done respectfully and compassionately, or it will be invalidating for the client. Used appropriately, respectfully, kindly and sensitively, it generally brings lightness and playfulness into the session, and clients often start joking.

Fusion With Hopelessness, Pointlessness, Reason-giving

The above strategies are very useful when clients are fused with hopelessness, pointlessness, or “reason-giving” (all the reasons why they can’t, won’t or shouldn’t change). For a detailed explanation of how to do this, [read this pdf](#).

Wrapping Up

Well, that’s all for now folks. Here’s hoping you’ve found this useful. And please feel free to share this eBook – or the resources linked within it – with anyone you think will benefit.

Good luck with it all.

Cheers,

Russ Harris



About Russ Harris

Internationally bestselling author, medical doctor, psychotherapist, life coach, and consultant to the World Health Organisation. Russ Harris has directly trained over 80,000 psychological health professionals in the ACT model. He provides exceptional learning experiences on Psychwire.com.

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