

Acceptance and Commitment Therapy, Relational Frame Theory, and the Third Wave of Behavioral and Cognitive Therapies

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The first wave of behavior therapy countered the excesses and scientific weakness of existing nonempirical clinical traditions through empirically studied first-order change efforts linked to behavioral principles targeting directly relevant clinical targets. The second wave was characterized by similar direct change efforts guided by social learning and cognitive principles that included cognitive in addition to behavioral and emotive targets. Various factors seem to have set the stage for a third wave, including anomalies in the current literature and philosophical changes. Acceptance and Commitment Therapy (ACT) is one of a number of new interventions from both behavioral and cognitive wings that seem to be moving the field in a different direction. ACT is explicitly contextualistic and is based on a basic experimental analysis of human language and cognition, Relational Frame Theory (RFT). RFT explains why cognitive fusion and experiential avoidance are both ubiquitous and harmful. ACT targets these processes and is producing supportive data both at the process and outcome level. The third-wave treatments are characterized by openness to older clinical traditions, a focus on second order and contextual change, an emphasis of function over form, and the construction of flexible and effective repertoires, among other features. They build on the first- and second-wave treatments, but seem to be carrying the behavior therapy tradition forward into new territory.

Over the last several years quite a number of behavior therapies have emerged that do not fit easily into traditional categories within the field. Examples include Dialectical Behavior Therapy (DBT; Linehan, 1993), Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991), Integrative Behavioral Couples Therapy (IBCT; Jacobson & Christensen, 1996), and Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), among several others (e.g., Borkovec & Roemer, 1994; McCullough, 2000; Marlatt, 2002; Martell, Addis, & Jacobson, 2001; Roemer & Orsillo,

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2002). No one factor unites these new methods, but all have ventured into areas traditionally reserved for the less empirical wings of clinical intervention and analysis, emphasizing such issues as acceptance, mindfulness, cognitive defusion, dialectics, values, spirituality, and relationship. Their methods are often more experiential than didactic; their underlying philosophies are more contextualistic than mechanistic.

Acceptance and Commitment Therapy (ACT, said as one word, not as letters; Hayes, Strosahl, & Wilson, 1999) is another of this group. ACT is hard to categorize. The traditional distinctions (e.g., behavioral versus Gestalt; behavioral versus cognitive) seem to be more confusing than clarifying. Theoretically speaking, ACT is rigorously behavioral, but yet is based on a comprehensive empirical analysis of human cognition (Relational Frame Theory or RFT; Hayes, Barnes-Holmes, & Roche, 2001). Based in clinical behavior analysis, ACT nevertheless seriously addresses issues of spirituality, values, and self, among other such topics. Such categorical ambiguity is shared with the majority of these new methods. For example, while ACT is supposedly “behavioral” and MBCT is supposedly “cognitive,” the two seem much more closely allied than either are to, say, Beck’s cognitive therapy on the one hand or to desensitization on the other.

When sets of anomalous events co-occur that are difficult to categorize using well-established distinctions, sometimes the field itself is reorganizing. Behavior therapy has already lived through periods of reorganization in a disciplinary lifetime that now enters its fifth decade. Now may be such a time. The purpose of this article is to explain ACT and to show how it relates to the intellectual and practical evolution that seems to be under way within behavior therapy.

The Waves of Behavior Therapy

Behavior therapy can be roughly categorized into three waves or generations (except where more specificity is needed, we will use the term “behavior therapy” to refer to the entire range of behavioral and cognitive therapies, from clinical behavior analysis to cognitive therapy). What I mean by a “wave” is a set or formulation of dominant assumptions, methods, and goals, some implicit, that help organize research, theory, and practice.

The First Wave

The first wave of behavior therapy was in part a rebellion against prevailing clinical conceptions. Early behavior therapists believed that theories should be built upon the bedrock of scientifically well-established basic principles, and that applied technologies should be well-specified and rigorously tested. In contrast, existing clinical traditions had a very poor link to scientifically established basic principles, vague specification of interventions, and weak scientific evidence in support of the impact of these interventions. Franks and Wilson (1974) showed this dual metatheoretical and empirical concern when

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