

Response Paper

Core Principles in Acceptance and Commitment Therapy: An Application to Anorexia

Kelly G. Wilson and Miguel Roberts
University of Mississippi

Acceptance and Commitment Therapy (ACT) views cognition and emotion differently in their roles in psychological problems. Both popular culture and many models of psychopathology conceive of negative thoughts and emotions as states that must be eliminated, reduced, or suppressed. ACT posits that these negative emotional, cognitive, and bodily states may or may not produce behavior problems. Further, ACT suggests that attempts to control these states may actually worsen mental health problems. Strategies to control, eliminate, or suppress negative states, called experiential avoidance, are directly targeted. ACT seeks to treat the functional class of experiential avoidance rather than specific diagnostic categories. However, ACT has been applied to a number of DSM-IV disorders. We detail the application of ACT to an adolescent diagnosed with anorexia and comment on the treatment implemented by Heffner, Sperry, Eijfert, and Detweiler (2002). We discuss the broad assessment issues necessitated by the type of difficulties a patient with anorexia may have. The general structure of an ACT intervention is elaborated on, including values, exposure, defusion, and empowerment.

ACT Case Conceptualization

ACCEPTANCE AND COMMITMENT THERAPY (ACT) is a principles-driven, rather than procedure-driven, treatment. The “doing” of ACT involves the organization of the therapist’s conceptualization around a set of assumptions. Particular interventions are dictated by their consistency with this conceptualization. Because ACT has a fundamentally different view of the role of cognition and emotion in psychological problems, we will begin by providing a brief overview.

Negative Cognition, Emotion, and Bodily States in Popular Culture

Popular culture embraces the notion that positive emotions, cognitions, and bodily states cause good behavior and negative emotions, cognitions, and bodily states

cause bad behavior. We expend enormous effort in our schools and workplaces teaching people to feel more confident, to have higher self-esteem, and to be cheerful and optimistic. Confidence, self-esteem, and optimism are our psychological allies, while negative aspects of experience are to be controlled, reduced, or eliminated.

Negative Cognition, Emotion, and Bodily States in Clinical Science

Models of psychopathology often accept the assumption that negative thoughts and emotions must be supplanted with positive thoughts and emotions in order that our clients might move on with their lives. In a number of therapies, clients are taught to dispute negative thoughts (Beck, Rush, & Shaw, 1979; Ellis, 1962). Some focus on elimination or reduction of problematic emotional states, such as anxiety, through exposure (e.g., Barlow, Craske, Cerny, & Klosko, 1989). In treating substance abuse, attempts are made to reduce conditioned cravings through cue exposure (Monti, Adams, Kadden, & Cooney, 1989). All of these treatments share the view that certain cognitions, emotions, and bodily states lead to bad behavioral outcomes and that in order to improve the behavioral outcomes, an array of problematic private events must be eliminated, or at least reduced.

Negative Cognition, Emotion, and Bodily States in ACT

From an ACT perspective, negative cognition, emotion, and bodily states may, but need not, produce bad behavioral outcomes. In addition, at least under some circumstances, attempts to eliminate negative emotion and cognition seem to worsen mental health problems (and physical health problems; see Pennebaker, 1997). The attempt to reduce, eliminate, or decrease the probability of experiencing a variety of avoided private events—including painful thoughts, emotions, memories, and bodily states—has been labeled *experiential avoidance*, and the analysis of the detrimental effects of avoidance on behavioral functioning has been referred to as *acceptance theory* (Hayes, Strosahl, & Wilson, 1999; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). In doing so, ACT takes advantage of a growing body of literature that suggests that attempts to suppress or avoid negative private events may work to reduce those negative states over the short term, but may actually worsen outcomes over the long term. Although evidence is not wholly uniform, there is considerable evidence in the experimental literature on thought suppression (Purdon, 1999, for recent review) and in the coping literature among depressives, survivors of child sexual abuse, alcoholism, and recovery from traumatic events, suggesting that avoidant means of coping predict poorer long-term outcomes (see Hayes et al., 1996, for a review). ACT focuses on the role of experiential

avoidance in the exacerbation and maintenance of a number of psychological problems.

In the case of this anorexic adolescent, ACT components were integrated into more traditional behavior therapy techniques (Heffner, Sperry, Eifert, & Detweiler, 2002). Such integration is appropriate, since ACT is, at its heart, a behavioral treatment. Problems can emerge when strategies from alternative behavioral perspectives contradict an ACT orientation; however, careful analysis can often resolve differences by eliminating or reframing components that might work at cross-purposes with acceptance-oriented strategies.

Consider, for example, the use of relaxation strategies for anxiety problems. A number of ACT experiential exercises involving exposure to troubling thoughts and emotions begin with components aimed at inducing a state of focused relaxation. Relaxation is not pursued as an end in itself. Instead, relaxation is a means to effective exposure. There is good empirical evidence that this should be useful. Borkovec has demonstrated that worry produces autonomic inflexibility, and that individuals show facilitation of habituation when exposure is preceded by a period of relaxation rather than worry (Borkovec & Hu, 1990). In this instance, the relaxation actually facilitates autonomic flexibility (and arousal) in the exposure session and thus makes for a more effective extinction trial. The purpose of the relaxation in ACT is not to produce more relaxation and less arousal in the presence of the avoided event. Instead, relaxation is intended to facilitate flexibility, arousal, and more effective exposure.

ACT as a Health-Oriented Perspective

Most of clinical psychology, and most of the mental health professions, have embraced pathology-oriented views of human suffering. Suffering, such as pervasive negative thinking, sad or anxious mood, is considered "abnormal" and "pathological." The job of therapy and therapist is to extract the pathology, leaving a healthy, well-functioning individual. In the instance of the young woman treated by Heffner et al. (2002), "fat thoughts" would be part of the pathology to be removed. From this perspective, the "normal" state for humans is to be free of worry, negative cognition, negative memory, anxiety, and sadness. This version of normality has been called the "assumption of healthy normality" (Hayes et al., 1999). However, there is considerable evidence that suggests that suffering, far from being abnormal, is quite pervasive. The National Comorbidity Study, for example, estimated the 1-year prevalence of *DSM* Axis I disorders at 29% (Kessler et al., 1994). This prevalence rate does not even take into consideration the many thousands of individuals who are unhappy in their work, marriages, family,

and social relations. These and other data suggest that human suffering is in fact quite pervasive.

ACT is not a treatment for *DSM* categories. ACT does not seek to remove anything. Rather, ACT is a treatment for experiential avoidance and seeks to ameliorate avoidance in the service of increasing the client's capacity to engage in a rich and meaningful life. Regardless of the formal properties of an individual client's difficulties, we focus on the individual's life direction, and interventions are directed and dignified by that agenda. In the case of this young woman, we would assess some quite traditional domains; however, our organization of resulting assessment findings will be in accordance with a health- and development-oriented case conceptualization.

Diagnostics and Assessment in ACT

Developers of ACT have been skeptical of the validity of *DSM* diagnostic categories and have suggested functional diagnostic dimensions as an alternative (e.g., experiential avoidance; Hayes et al., 1999; Hayes et al., 1996). The validity of categories aside, however, there are considerable data suggesting that individuals with problematic eating patterns classified as anorexia often have a variety of other psychosocial and physical difficulties, and these co-occurring difficulties ought to be assessed and included in an ACT case conceptualization. Assessment is done in order to gather evidence of the effects of the client's attempts to control negative private experience.

Medical Correlates

Anorexic clients should to be assessed for a variety of medical conditions ranging from cardiovascular disorders to endocrinological dysfunction. Routine medical examination of anorexic clients should include complete physical examination, standard laboratory tests, chemical analysis, blood count, and urinalysis (Foreyt & Mikhail, 1997). The high lethality, as noted by the authors, indicates the importance and need for a full medical workup prior to treatment (Mehler & Andersen, 1999). Any medical problems that have arisen will be included in the treatment in two ways. First, medical problems will be brought into treatment as examples of the unworkability of control. Mortality is a particularly glaring example of unworkability. Second, medical problems will be examined with respect to their interference with the client's ability to pursue her values.

For example, as a consequence of her parents' and coach's health concerns, Emily had lied about food intake. This incident provides a good example of the cascading of negative events in the service of control. That is, the client starves herself in order to control "fat thoughts." As the client becomes dangerously thin, important adults in her life begin questioning her about her

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات