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Empirical Research

Evaluations of self-referential thoughts and their association with components of Acceptance and Commitment Therapy

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ABSTRACT

Limited research has been carried out with respect to relationships among how individuals relate to thoughts and levels of cognitive fusion, experiential avoidance, psychological distress and mindfulness. Recent third-wave cognitive behavioral therapies such as Acceptance and Commitment Therapy (ACT) use techniques that focus less on changing the content of thoughts, and place more emphasis on changing the client's relationship to thoughts. For this reason, it is important to consider initial relations between the client's thoughts and the factors that ACT focuses on. The current study investigated associations among several ACT-consistent factors and how they relate to evaluations of positive and negative self-relevant thoughts. Seventy-nine participants completed ACT-consistent psychological measures and thought evaluation measures. The results indicated that ACT-consistent variables were associated with thought relations (i.e., believability, discomfort and willingness) rather than evaluations of content (i.e., negativity). Positive associations were observed among greater levels of psychological distress and psychological inflexibility (i.e., greater experiential avoidance and cognitive fusion). Mediation analysis identified believability of negative thoughts as a partially mediating factor in the predictive ability of mindfulness, experiential avoidance and cognitive fusion on psychological distress, with stronger negative thought believability positively associated with greater levels of psychological distress. The results are discussed in terms of the clinical implications of the relations observed.

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1. Introduction

While traditional Cognitive Behavioral Therapy (CBT) methods endeavor to dispute, change and restructure the content of clients' thoughts, more recent third-wave cognitive behavioral therapies have shifted their focus. Several contemporary CBTs share the view that it is not necessarily the content of private experiences that lead to psychological difficulties and distress, but rather, their function (i.e., the way in which the individual relates to them). For example, Dialectical Behavior Therapy (DBT; Linehan, 1993a; 1993b) utilizes mindfulness-based strategies to aid the individual in achieving acceptance of their thoughts and in altering their reactions to emotional stimuli (Koerner, 2012; Hofmann, Sawyer, & Fang, 2010). Mindfulness-Based Cognitive Therapy (MBCT; Teasdale et al., 2000) uses techniques that encourage the individual towards a more decentered view of their own thoughts. Similarly, according to Acceptance and Commitment Therapy

(ACT; Hayes, Strosahl, & Wilson, 1999), there is no requirement for the client to change 'dysfunctional' thoughts; rather, to try to experience them as internal events distinct from the self (Hayes, Jacobson, Follette, & Dougher, 1994). ACT, the subject of the current study, aims to change the function of private experiences and individuals' relationships to these experiences through strategies such as mindfulness, acceptance of thoughts and cognitive defusion.

1.1. Acceptance and Commitment Therapy

Acceptance and Commitment Therapy derives its theoretical basis from Relational Frame Theory (Hayes, Barnes-Holmes, & Roche, 2001), a framework for understanding the relationship between cognition and language (Hoffmann et al., 2010). Within ACT it is understood that suffering evolves as a result of language processes. Rigidly regarding self-referential thoughts as fact, known as fusing with these thoughts, has been found to correlate with self-reported levels of anxiety and depression (Hayes et al., 2004; Gillanders et al., 2014) and has been linked to the development and maintenance of a number of psychological disorders

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(Herzberg et al., 2012; Chawla, & Ostafin, 2007; Kashdan, Barrios, Forsyth, & Steger, 2006).

The two primary dysfunctional processes which ACT is concerned with targeting are (a) cognitive fusion, a tendency to regard thoughts and feelings as fact, interpreting them as literally true (Hayes, Villatte, Levin, & Hildebrandt, 2011), and (b) experiential avoidance, an unwillingness to have or engage with unpleasant thoughts or feelings and actively trying to avoid them (Hayes et al., 2004). Cognitive fusion is often seen as supporting experiential avoidance (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Hayes et al. (1996) argue that experientially avoidant behaviors such as the suppression of negatively evaluated thoughts and distraction strategies (e.g. avoiding negative thoughts by focusing on the positives, self-bullying or opting out of activities as a way of avoiding uncomfortable thoughts), and unwillingness to remain in contact with these private experiences can bring about negative psychological effects, and that these behaviors underlie many psychopathologies including anxiety disorders (Lorig, Singer, Bonanno, & Davis, 1995; Ehlers & Clark, 2000; Salkovskis, 1996; Thorpe & Salkovskis, 1997), depression (Wegner, 1994; Wenzlaff & Luxton, 2003) and eating disorders (Polivy & Herman, 2002).

ACT clinicians encourage clients to 'defuse' from their negative private experiences by viewing their thoughts in a less rigid and more flexible way, rather than considering them to be true and having literal meaning (Healy et al., 2008). Specifically, when behaving in a defused way, an individual may experience a negative thought but they may choose not to believe it (Ciarrochi, Robb, & Godsell, 2005). For example, one individual may have the thought "I am a worthless person," but decide to view that thought as merely a private experience that may not necessarily be true (Ciarrochi et al., 2005). From this perspective, believability is not directly related to the content of the thought, and can be altered by changing the context in which the thought occurs. By changing this context, a thought which might previously have been believed and fused with, can be considered merely a passing observation and reactions to this thought will be less rigid and more flexible (Ciarrochi et al., 2005; Hayes et al., 2001).

Mindfulness is integrated throughout the entire ACT model and is believed to be vital to psychological flexibility, the ability to respond in several ways to a thought, rather than responding with rigid automatic reactions (Fletcher, Schoendorff, & Hayes, 2010). The act of being mindful involves an individual focusing their attention on the present moment and making direct contact with their present experiences with as little judgment as possible (Kabat-Zinn, 1994). Mindfulness processes within ACT involve acceptance, defusion, contact with the present moment, and viewing oneself as an observer to the events and experiences around us (Hayes et al., 2006). It is believed that mindfulness helps the individual to disengage from unproductive attempts to avoid, eliminate or control unwanted experiences, rather, learning to accept these experiences (Hayes et al., 1999). During ACT, the individual is encouraged to observe their thoughts non-judgmentally, accepting thoughts and feelings as they are, without trying to avoid or suppress them. The individual can then choose to change their behavior in particular ways that will make their life more personally meaningful (Hayes, 1994; Baer, 2003). As such, ACT focuses on increasing the individual's willingness to experience an uncomfortable thought or feeling without engaging in the unhelpful behaviors which often accompany it. This creates psychological flexibility (Marcks & Woods, 2005; Healy et al., 2008). Therefore, from an ACT perspective, variables such as discomfort with, and willingness to have uncomfortable thoughts are indicators of the success of an intervention (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

1.2. Defusion

Marcks and Woods (2005) report that those who naturally attempt to suppress personally relevant negative intrusive thoughts, that is, thoughts which they find believable, are likely to be more distressed. Those who are more accepting of negative self-referential thoughts were found to be less anxious, less obsessional and have lower levels of depression. According to Masuda et al. (2009), if the content of a thought has less power (i.e., the individual does not find it highly believable), then the individual has less aversion to experiencing it. Therefore, less believability, or lack of fusion with thoughts in general allows individuals to be less rigid and more flexible in their responses to all private experiences. Masuda, Hayes, Sackett and Twohig (2004) compared three techniques for the management of unwanted self-referential thoughts: defusion, thought distraction and thought control. In the defusion condition, participants were first provided with a 5-minute rationale and training in which the concept of defusion was explained. A short practice exercise following Titchener's (1916) word repetition technique was then attempted by participants. Following this exercise, participants were instructed to use the same technique on their own personally relevant thoughts. Participants were asked to generate two self-relevant negative thoughts and summarize each as one word. For example, the thought "I am too fat" was reduced simply to "fat." Each word was repeated over a 30-second period. This was compared with the thought distraction technique which involved reading about Japan, or a thought control technique (e.g., positive imagery, breathing exercises or positive self-talk). Results indicated that although distraction and thought control worked in some instances, the defusion rationale and technique was responsible for the largest reductions in believability of the negative self-relevant words, as well as in the levels of discomfort associated with the words compared to the other techniques. In a later study, Masuda et al. (2009) investigated the impact of length of engagement with this personally generated thought defusion technique on associated distress and believability of the thought. Findings indicated that distress levels were lessened after just 3 to 10 seconds, and believability of the negative thought was decreased after 20 to 30 seconds.

Healy et al. (2008) investigated the impact of an alternative defusion technique on negative self-referential thoughts. Participants rated the believability of statements such as "I am a bad person" (a non-defusion statement) compared to "I am having the thought that I am a bad person" (a defusion statement). Participants evaluated defusion statements generally as higher in believability but as less distressing, compared to non-defusion statements. This irregular finding was possibly caused by the participants having to rate the entirety of the resulting statement rather than the original statement alone. If the participant was in fact having that thought, the statement "I am having the thought" should be highly believable, even if the thought is less so.

1.3. Thought relations as a mediator

On examining the literature, we can see that psychological flexibility is effectively increased through behavioral interventions, such as ACT, where the focus is less on reducing the frequency or changing the specific content of private experiences, and more so on changing the individual's relation to the thoughts (Hayes et al., 2006; Gaudiano, Herbert, & Hayes, 2010). Measures of the strength of believability of one's private experiences have been used in several ACT clinical studies and have shown successful treatment mediation across a range of comparison conditions. For example, in a re-analysis of a study comparing ACT with traditional cognitive therapy for depressed outpatients (Zettle & Hayes, 1986), Hayes and colleagues (2006) identified believability of negative

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