

# The self in acceptance and commitment therapy

Robert D. Zelle

## Overview of ACT

Acceptance and commitment therapy (ACT) is regarded as part of the “third wave” of cognitive-behavioral therapy (CBT) that has emerged over the past quarter century (Hayes, 2004). It is a transdiagnostic approach recognized by Division 12 of the American Psychological Association (Society of Clinical Psychology, n.d.) as having strong research support in the treatment of chronic pain and modest empirical support in addressing depression, mixed anxiety, obsessive-compulsive disorder, and psychosis. Rather than seeking to directly change problematic thoughts, emotions, and other private events, ACT and related approaches within the latest generation of CBT write large incorporate mindfulness, acceptance, and decentering/defusion strategies to change the function of such psychological events and alter how clients relate to them (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

Unlike other third-wave approaches such as dialectical behavior therapy (Linehan, 1993), mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002), and metacognitive therapy (Wells, 2009), ACT is unique in (a) being explicitly grounded within a modern pragmatic philosophy of behavioral science known as functional contextualism (Hayes, 1993), (b) being informed by relational frame theory as an associated account of human language and cognition (Hayes, Barnes-Holmes, & Roche, 2001), and (c) identifying increased psychological flexibility, or the ability to make behavioral adjustments in the service of one’s values, as its superordinate goal. Some discussion of each of these defining features of ACT is necessary to understand its stance on the self.

## Functional contextualism

As it pertains to psychology, functional contextualism can be seen as a re-nement of many of the basic tenets first articulated within Skinner’s (1974) philosophy of radical behaviorism (Vilardaga, Hayes, Levin, & Muto, 2009). These include the instigation of deliberate behavioral change as a pragmatic goal of psychology and viewing all human activity, including what psychologists say and do in studying it, as a function of the current situational and historical contexts within which behavior occurs. Beyond psychology, functional contextualism is more usefully viewed as a paradigmatic approach to a comprehensive behavioral science formed by integrating psychology with biology, sociology, anthropology, and any other related disciplines that can contribute to the goal of predicting and influencing human behavior with sufficient precision, scope, and depth. Interested readers are encouraged to consult Biglan and Hayes (1996) and Hayes, Barnes-Holmes, and Wilson (2012) for more detailed coverage of functional contextualism and contextual behavioral science, respectively, than can be provided here.

Of greatest relevance for the purpose of this chapter is recognition that functional contextualism holds “successful working” as its truth criterion. The words, terms, concepts, and other verbal constructions that proponents and practitioners of ACT use in speaking about the self are accordingly seen as mere tools. As with any tools, their value or “truth” is to be ultimately determined by whether they serve their intended practical purpose within ACT of increasing psychological flexibility and alleviating human suffering, and not by

*The Self in Understanding and Treating Psychological Disorders*, ed. Michael Kyrios, Richard Moulding, Guy Doron, Sunil S. Bhar, Maja Nedeljkovic and Mario Mikulincer. Published by Cambridge University Press. © Cambridge University Press, 2016.

the degree to which the words or concepts map onto or correspond to some external reality (Pepper, 1942). In short, when the self is talked about in ACT, no assertion is being made about the ontological status of some psychological entity or agent. To the extent that certain “self-language” is used in speaking about and conducting ACT, it is because doing so in those particular ways has at least so far been useful.

to identified objects (“Where’s the ball?”) and naming them (“What is this?”) by children establish generalized relational frames of coordination, equivalence, or identity between objects and words (i.e., “this is that”). Unfortunately, as will be seen, similar relational frames surrounding the self (e.g., “I am a failure”) can also be constructed with potentially profound psycho-

## Relational frame theory

The pragmatic and functional contextualistic perspective taken towards the verbal behavior of both clients and therapists within ACT has been explicated most thoroughly within relational frame theory (RFT; Hayes *et al.*, 2001). Many organisms show an ability to respond to the relationship among stimuli based on their physical properties (Reese, 1968; e.g., a pigeon can be trained to reliably peck the larger of two discs). However, in the absence of intellectual and developmental disabilities, only humans – from around the same age that language acquisition occurs – have demonstrated relational responding under arbitrary stimulus control as well as an ability to derive untrained relationships among stimuli/relata within a network (Barnes-Holmes *et al.*, 2001).

Deriving relationships among stimuli based on arbitrary rather than physical properties is viewed within RFT as generalized operant behavior that normally originates through informal discrete trial training involving vocal and verbal interactions between young children and their caretakers. For example, children may learn through conversations with adults that the relative value of coins may not be determined by differences in size; i.e., a smaller coin may buy more candy than a larger one. Once acquired, however, relational framing may be maintained not only by the prevention and solution of problems, but also through a self-sustaining coherence-producing process (Torneke, 2010). In much the same way that self-stimulatory behaviors may be maintained by the sensory consequences they produce (Lovaas, Newsome, & Hickman, 1987), constructing elaborate relational networks about our lives and who we are may be supported in part by their “making sense” (Wray, Dougher, Hamilton, & Guinther, 2012).

The developmental process of relational responding is perhaps illustrated most readily in the establishment of coordinational framing through naming. Multiple instances of adult reinforcement for correctly pointing



and comparison, about an almost limitless domain of objects and relations, including ourselves. These individual frames can, in turn, be related to each other, thereby creating coherent relational networks. For instance, we not only evaluate our worth against absolute standards and/or by socially comparing ourselves to others, but even more importantly construct narratives that logically explain and justify such formulations. What is referred to in ACT as the conceptualized self is essentially a storytelling repertoire about who we are and how and why we came to be that person (e.g., “I’ll never amount to anything given the way others have mistreated me.”). Unfortunately, psychological inflexibility can be severely reduced when we closely identify with or “buy into” our life stories, particularly when they support a negatively evaluated conceptualized self. When we fuse with such narratives, our own self-awareness can become distorted. Being oblivious to and dismissive of any psychological experiences that would challenge the dysfunctional life story only help maintain it. Moreover, acting in alternative, life-affirming ways (e.g., as if “I could amount to something”) may not only be framed as impossibilities, but threaten the very sense of who we are (e.g., “I’m not the kind of person who could ever.”). Sadly, clients may consequently rigidly prefer to “be right” about the life story they have constructed and that keeps them stuck rather than have their lives work for them.

ACT therapists have been advised to suggest that their clients in effect reinvent themselves everyday as a means of liberation from the arbitrary constraints imposed by the self-as-concept. Consistent with this, it is important to underscore that from an ACT perspective the concern is with psychological inflexibility that can arise from fusion with any life story, and not with the narrative per se. As evidenced by narcissism, attachment to a positive conceptualized self can be just as limiting as a negatively evaluated one. Thus, ACT does not primarily seek to tear down one relational network and replace it with another, but to assist clients in defusing from and deconstructing the narratives that have boxed them in and that have limited the ways in which they can lead a valued life. Clients may indeed incidentally end up telling a different story about their lives, but the old story can and often does reappear.

From this vantage point, overidentification and fusion with the conceptualized self can be construed as a behavioral excess that has the effect of limiting psychological flexibility. ACT adopts a two-pronged strategy long-recognized by behavior analysts as effective in reducing behavioral excesses. One aspect of this overall strategy involves the use of defusion techniques and exercises to weaken behavioral control exerted by stories and other verbal constructions about the self.

### Weakening the conceptualized self

Behavior analysts typically have conceptualized therapeutic targets as either behavioral deficits or excesses.



discussed, limits psychological flexibility. Clients, for example, may add “I’m the kind of person who can’t control his/her emotions” to their life story and conceptualized self. Indirectly, selective focus on unwanted private events to be avoided precludes ongoing awareness of both neutral and positive psychological experiences (e.g., fleeting moments of feeling whole, competent, and that there is vitality to life), which if fully processed might counteract a negative self-concept.

### Strengthening the knowing self

A wide array of techniques, exercises, and metaphors are available within ACT to facilitate client openness to whatever psychological experiences occur in the here and now (Strosahl *et al.*, 2004), particularly those that may serve as barriers to value-congruent actions. The time and effort devoted to increasing contact with the present moment varies from client to client and can range from a structured schedule of mindfulness meditation similar to that developed by Jon Kabat-Zinn (Kabat-Zinn, Lipworth, & Burney, 1985) and adapted by MBCT (Segal *et al.*, 2002), to the selective use of certain exercises, such as “soldiers in the parade” (Hayes *et al.*, 1999, pp. 158–162), to repeatedly encouraging clients to “just notice” whatever private events are present.

A common objective of all such efforts is to strengthen the attentional flexibility of clients to observe ongoing unwanted thoughts, emotions, memories, and bodily sensations without attempting to push them away; while also increasing awareness of overlooked positive

pruB0305Ssimiis(iva)17(t)6(e) e-10()w3(r)17(p)10(e) al(e ,TJ -0.0001 Tc 0.104218w T\* [(b)1d(ue-cr8(g

08:40 PM

(e.g., “I am this and that, etc.”), while the “I” within the type of perspective taking that defines self-as-context is inherently transcendent (Hayes & Gregg, 2000). This sense of self is experienced as no-thing and as such, unlike self-as-concept, does not limit psychological flexibility by having to be defended when threatened by certain ongoing psychological experiences. Moreover, it is also the aspect of self that is addressed when clients are asked the following in ACT: “If nothing stood in

of ACT might provide somewhat different accounts.  
Regardless of differences that might emerge across



