Acceptance and commitment therapy

See also: behaviour therapy; cognitive behavioural therapy; dialectical behaviour therapy; mindfulness-based cognitive therapy

To the relief of human suffering using methods that have been shown to work.

(Autismindex.com)

How does the very nature of being human and using language lead to psychological distress? How can a person commit to living an adventurous and purposeful life from this moment onwards, despite suffering from emotional or physical pain? Acceptance and commitment therapy (ACT) was developed within a coherent theoretical and philosophical framework and thus differs from other CBT approaches. It is based on relational frame theory, an approach that investigates how the human mind functions. It belongs to the approaches of psychotherapy that are considered to be ‘the third wave in cognitive and behavioural psychotherapy’.

While CBT focuses mainly on empiricism (randomized control trials and other studies), Stephen Hayes and co-workers believed that this was not enough for psychological science to progress. He stated that there had to be a synergy between empiricism, theory and observation. ‘The ultimate purpose of theory and philosophy is to guide the behaviour of the therapist through new territory’ (Hayes et al. 1999).

Thus ACT is unique in combining the above and using acceptance, mindfulness, commitment and behaviour interventions to increase psychological flexibility. Psychological flexibility means being in touch with the present moment fully and on purpose, and changing, or persisting with, behaviour in the service of chosen principles.

Acceptance and commitment therapy (ACT) is an active psycho-educational application of mindfulness, employing metaphors to communicate the multifaceted concept of mindfulness, as well as using cognitive behavioural exercises and homework to apply mindfulness to very specific case formulations (e.g. very specifically avoided private events, automatic evaluative thinking or avoidant behaviours). ACT is suited to one-on-one therapy but can also be applied to groups.
Research shows that ACT has better outcomes in decreasing the believability of depressogenic thoughts vis-à-vis CBT and also scores higher in pain management.

Hayes, the founder of ACT, started his studies in the 1960s with a particular interest in behaviour analysis, but was also drawn to Eastern philosophy. He has published well over 400 scientific papers and over 30 books, and as he is a co-author of the majority of publications it is somewhat difficult to obtain absolutely neutral discussions of this model. Currently, traditional CBT has a much larger base of research that supports its validity than ACT, and ACT proponents mostly acknowledge this. ACT also focuses largely on addressing verbal barriers and can thus only be effective for clients who do not have skills deficits in using and understanding language.

ACT is intellectually deep and complex and works with focusing on ‘Six Core Processes’: acceptance, cognitive diffusion, being in the present, self as perspective, values and committed action.

In their book Get Out of Your Mind and Into Your Life, Hayes and Smith (2005) state: ‘ACT is not about fighting your pain; it’s about developing a willingness to embrace every experience life has to offer. It’s not about resisting your emotions; it’s about feeling them completely . . . [and choosing] . . . what matters to you most.’

References

Annotated further reading

This is the most accessible self-help book on ACT. It contains humour, compassion, insight and wisdom and shows how we can often turn painful emotions around through paradoxical interventions.


This recent publication contains in-depth chapters on the rich approaches that CBT contains. Leading experts come together and describe with insight how each approach differs from the other. Recent research is given a prominent place.
Adlerian therapy

Alfred Adler was born in Vienna in 1870 and died in 1937 in Aberdeen during a lecture tour. Not only had he warned fellow Austrians of Jewish origin to leave Austria promptly long before Hitler’s move to annex but he also predicted the Second World War. He was the only member of the Vienna Psychoanalytical Association who was a member of the Social Democratic Party of Austria. He gave talks about the ‘psychology of Marxism’ which was yet another reason for Freud to reject him further. Adler saw our human existence in its wholeness and developed a therapy that treated body, soul and mind and thus he can be seen as one of the pioneers for psychosomatic treatment approaches.

He is best known for the creation of the ‘inferiority complex’. The main theory of his Individual Psychotherapy is based on the inferiority complex of the child. His best known publication in 1912, About the Nervous Personality, discusses this notion in depth.

He was convinced that each individual had the capacity to actively lead and create their own life and the strength to make their own decisions. Adlerian therapy intends to teach, inform and create hope in the client, in order to help the client fix basic mistakes in their personal logic. The therapist collaborates with the client to achieve the desired outcome. Adler’s characteristic concept is how an individual feels towards and is aware of being part of human society. How the client perceives him/herself in this society can cause disturbances in personality and interventions are employed in the therapeutic sessions to decrease them.

Childhood experiences are not, as such, important in themselves. However, how we view them and our past is of significance as this will have an effect on our current perceptions of ourselves. He measures mental health by the extent to which we can create wholesome relationships with others and to what degree we can show and apply compassion towards fellow human beings. He seems to say that contentment and success are mostly linked to social ‘connectedness’.

One of his favourite examples of creating change in one’s own life is the story of Demosthenes, who had a severe speech impediment. His inferiority complex led him to practise speaking while standing near the roaring sea. Thus compensating for his lack of ability, he eventually became the best known orator of antiquity.

Adler thinks that encouragement is the most powerful method of shifting a person’s lack of confidence and courage. Clients learn to understand that only they themselves have the power to transform their life and act differently. Adlerian therapy emphasizes a positive view of human nature and that we are in command of our own fate and not a victim.

The therapist will look at family history only in so far as this information will help the client set goals. These goals may be very pragmatic and ‘useful’,
such as becoming a better parent, spouse or giving up an addiction. In common with CBT the therapist at times suggests home practice to reach the set goals more swiftly. Adler was a true educator. He viewed people as socially rooted beings who, however, had the choice of their own free will. He never saw a client just as a victim. Adler was highly influential in reforming education in Vienna and held hundreds of lectures for teaching professionals. He wanted not only to heal but also to prevent mental illness.

Annotated further reading


This book is an introduction to Adler’s influential and unique approach to psychotherapy. Starting from the principle that human behaviour is goal-oriented and socially embedded, his therapy is a brief psycho-educational approach that emphasizes understanding individuals’ characteristic ways of living life – their lifestyle – before working towards change. The book describes the relevance of Adlerian therapy today by illustrating how Adler’s ideas have influenced current practice and pointing out the short-term nature of its interventions. The authors also point out the application of Adlerian therapy in practice with individuals, couples, families and groups, as well as in educational settings.

Anxiety

See also: cognitive behavioural therapy; schema therapy

Worry is the cognitive process during anxiety that aims to prepare an individual for future threat (Barlow 1988). Anxiety tends to affect the body and the mind, exhibiting a multitude of symptoms such as tension, heart palpitations and raised or irregular heart beat, fast breathing and hyperventilation, feelings of sickness, an upset digestive and urinary system and aches and pains particularly in the head, neck and back area. Emotionally, anxiety brings on a sense of dread and fear of fainting or even dying. What keeps anxiety going however can be extremely unhelpful thought patterns that the anxious person tends to engage in and habituate to.

A CBT interpretation for why anxiety continues would be the tendency to mentally over-worry (fixating on danger), i.e. engage in ruminations about what could possibly go wrong and how this may forever affect your life. The
topic of ‘danger’ would be apparent in the content of anxious schemas (assumptions and beliefs) and even in the content of negative automatic thoughts. The predominance of danger-related thinking would be like an ongoing stream of worry-thoughts in your awareness.

However, a psychoanalyst would argue that repressed conflicts were the cause for your worry. You may have found it impossible to share fearful thoughts with significant elders during your childhood. This pattern may have never stopped and may still be occurring in adult life and adult relationships. Thus it would be your way of being and understanding life.

From a medical perspective you may have an overactive adrenal gland or even a tumour on an adrenal which causes your body to be imbalanced when it comes to body chemistry. This again may have been caused by a genetic flaw or by the habit of worrying which may have pushed your adrenal glands into overdrive. Of course there may even be a neurological abnormality in the brain that may cause ‘over firing’ in the amygdale.

Consuming stimulants like amphetamines, alcohol, marijuana and even coffee can cause anxious or out-of-control feelings. Very low levels of blood sugar can also cause symptoms of anxiety (hypoglycaemia). There is also a heart condition called ‘mitral valve prolapse’ which has been associated with panic attacks.

Treatment from the CBT perspective would focus on how to reduce the predominance of danger-related thoughts in the stream of consciousness. The treatment would also include making the client aware of the overestimation of danger and the underestimation of abilities and skills to deal with it.

Burns (1990) claims that people suffering from anxiety or panic disorder ‘nearly always have unexpressed negative feelings about some problem in their lives and may not even be aware of this’. Two categories seem particularly often denied: anger and unexpressed desire.

References

Annotated further reading

The subtitle to this excellent self-help book is ‘The new mood therapy’ and is rich with insight and powerful techniques to help the
Anxiety, existential

See also: death, fear of; existential counselling

We feel existential anxiety or angst when we see life as meaningless, confront our own mortality, accept that we’re free (in Sartre’s phrase ‘condemned to freedom’) or that we are ultimately alone. Usually this is a terrifying and deeply disturbing experience. Sartre suggested anguish, forlornness and despair as characterizing it but – and this is a central point – saw it as a potentially very positive experience.

The following example of angst as positive is based on Yalom (1980). He described a mother seeing her youngest child leave home. She has longed for this day. Freedom! Yet she’s very upset; she sobs and shudders and becomes anxious. She goes to see a counsellor who offers her a new perspective: that of course she’s anxious; it’s ‘empty nest syndrome’ and she’ll feel much more positive if she does something like finding work, taking an assertiveness training or other adult education course or tries taking a mild sedative. She chooses a new activity and her anxiety eases.

Yalom sees her choice and the counsellor’s approach as a ‘missed opportunity’. From an existential point of view he would rather she ‘nursed the shudder rather than anaesthetize it’: what did her shudder mean? What terrified her about freedom? Approaching her anxiety in this way, he argued, is more likely to lead to a richer appreciation of life and a more authentic way of being.

It may also lead to a sense of surprise that we exist at all. For existential therapists and philosophers this is a terrifying thing to really understand but it is also awakening. Moreover, in their view our angst is likely to diminish as we feel more fulfilled and confident through the choices we make after this realization.

References


**Annotated further reading**


The clearest and most engaging short (10 pages) review and commentary on existential thinking that I’ve found. As he says, ‘This is pretty stern stuff’ (p. 480), meaning emotionally, I think. However, many of the original existential philosophers are also particularly hard to try and understand intellectually. Of specialized texts, all clearly written, I recommend Yalom (1980), van Deurzen (2009, 2010) and Spinelli (2007) (see the References above).

**Archetypes**

**See also:** life scripts; collective unconscious

An archetype can be defined as ‘an internal mental model of a typical generic story character to which an observer might resonate emotionally’ (Faber and Mayer 2009: 397). While this definition is accurate and useful, it does not capture the daring and power of Jung’s concept and it deliberately excludes the central mystical aspect of archetypes: the idea that when a person or event arouses an archetype in you it then takes over and has you in its grip. For example, when faced with a situation that does not suit you, you might be seized by the archetype of the Warrior (who fights or persists) or the Wanderer (who leaves).

Jung proposed that these patterns of energy or roles lie waiting in the depths of our personalities, in what he called the ‘collective unconscious’. He saw them as similar to instincts in other animals – genetically programmed ways of behaving which are activated by certain recurring situations such as fighting or becoming a mother. Pearson and Marr (2007) focus on 12 such archetypes: Innocent, Orphan, Warrior, Care-giver, Seeker, Lover, Creator, Destroyer, Ruler, Magician, Sage and Jester. All have both positive and negative aspects, for example the Innocent is described as trusting others but sometimes too much, and relying on others, again perhaps too much.

If the idea of archetypes is valid then awareness of our particular archetype or archetypes at this point in our lives gives us more choice and the possibility
of harnessing its power rather than being controlled by it. It would also be an element in Figure 1 in the section on self. However, I do not think it deserves this level of recognition because the evidence for archetypes is open to the same alternative and similar interpretation – that they are major universal themes of human existence expressed in dreams, myths, stories and books – as the concept of the collective unconscious.

However, archetypes may have some value as narratives, scripts or stories. Faber and Mayer (2009) proposed a new theory of archetypes and tested their reasoning that ‘if archetypes exist . . . these affective schemas or mental models can be identified in the popular music, movies, television, literature and classic art of today’ (p. 310). They did find such relationships, and interpreted them as ‘surprising new evidence for the possible existence of dominant archetypal themes in our lives’ (p. 320). For example, Carers tend to enjoy romantic movies and fashion books and Strivers tend to enjoy action movies, sports TV and books about spies. The authors speculate that archetypal themes will also predict social behaviour, complementing and adding to the predictions from personality traits and from social roles. Further, such themes may be useful in designing more effective advertising and health messages as well as in therapy.

Faber and Mayer (2009) list the music tracks used as part of their measure of archetypes. You may like to think of your favourite tracks and what they may say about you. Examples are ‘Paranoid android’ (by Radiohead, of course!) representing the archetypal theme of the Sage, ‘Angel of death’ (Slayer), the Shadow and ‘It’s oh so quiet’ (Bjork), The Innocent.

References


Annotated further reading


This paper reviewed ideas about archetypes, including various schemes for describing them, developed a new theory and measure, the Rich Culture Archetype Scale and reported a test of its validity.


An evocative title and a systematic and detailed approach to (in the authors’ view) discovering which of 12 archetypes are the most influential in various ways in one’s own life and stage of life. The reader decides, not an expert interpreter. They too have developed a questionnaire: the Pearson-Marr Archetype Indicator.

**Assertiveness**

*See also:* self; self-actualization

Assertiveness is one of many concepts in counselling (including of course counselling itself) which are used in various and sometimes contradictory ways. It is usefully defined as ‘expressing and acting on your rights as a person, while respecting the same rights in other people’. This definition excludes such meanings as getting your own way or being forceful, noticeable, blunt, dramatic or aggressive.

Assertiveness training is often seen as a behavioural technique but is also consistent with the humanistic-existential approach. Indeed, it is self-actualization in action and at its heart is a fundamental existential question: shall I do what I want to do or what others want me to do? Assertiveness training can emphasize behaviour, e.g. role-plays with coaching, or self-awareness, e.g. what is it about saying ‘no’ to this person and this request which is troubling me, or which seems impossible, or both?

‘Coaching’ may sound as if there is one right way to be assertive or as if there is an ideal of being assertive at all times. Neither presumption is true. Skilful assertiveness is individual and authentic rather than mechanical and following a formula, and one assertive right is *not* to be assertive.

An example of an assertive right is: ‘I have the right to say “No” without feeling guilty’. Consistent with the definition above, others too have the right to say ‘No’ without feeling guilty and their right to do so should accordingly be accepted by the person they’ve said no to. The rights – and typically 10–12 are listed with considerable overlap between lists – are quite provocative in abstract form, but really come to life in relation to a specific situation.

There has been very little research on assertiveness since the Rakos (1991) review of several hundred studies. His judgement that it remains ‘entrenched
as a mainstream behavioural intervention . . . quite effective when used appropriately’ (Rakos 1991: xi) still holds.

Reference

Annotated further reading

The best practical guide to assertive skills (and because ‘interpersonal problems’ are timeless, still highly relevant) – and in print!


Practical guidelines on the main assertive skills discussed by Dickson: saying no, making requests, giving and receiving compliments and giving and receiving criticism.

Attachment theory

See also: psychoanalysis; object relations theory

The key figure associated with attachment theory is John Bowlby (1907–1990) whose ideas around attachment have become increasingly influential in recent years. Bowlby asserted that human beings possess a basic need to form attachments with other people and that problems arise if they experience difficulties in forming secure attachments. Such difficulties tend to result if relationships with parents or carers have in some way been disrupted during childhood. Possible causes of disruption might include loss of a parent through death or separation, or lack of consistent care due to mental illness or drug or alcohol abuse.

If a child experiences what Bowlby termed a ‘secure base’ from parents or care-givers, they will be better able to establish intimate relationships later on. If care-giving is unpredictable or absent, the individual will find it much harder to trust others and will find it more difficult to establish close, satisfying relationships as an adult.
Attachment theory is closely linked to psychoanalytic theory and shares the belief that experiences in early childhood have an important influence on development and behaviour in later life. However, Bowlby considered that Freud had placed too much emphasis on childhood fantasies at the expense of actual events. More specifically, this theory draws on Klein’s object relations theory, which supports the idea that the personality is shaped by early attachment experiences. However, Bowlby placed greater emphasis on the effect of actual events on the individual’s psyche than did Freud or Klein whose focus was more on childhood fantasies.

Building on Bowlby’s ideas, Mary Ainsworth (Ainsworth et al. 1978) outlined four different types of attachment, three of which can be problematic for the individual later in life. These are: secure attachment, where a child clearly misses the parent when they leave and looks to re-establish contact when they return; insecure-avoidant attachment, where the child appears not to miss the parent and avoids them when they come back; insecure-ambivalent, where the child shows signs of great distress/anger on being left and finds it hard to settle on the parent’s return; and insecure-disoriented, where the infant displays rigid patterns of behaviour. These infant behaviours were shown to be in response to the behaviour of the parent, so that secure infants were treated sensitively with their emotional needs being met, whereas insecure children were either rejected or treated insensitively or inconsistently (McLeod 2009).

Attachment styles are thought to have a particularly strong impact when an individual suffers the loss of an attachment figure, such as a parent or a spouse. They are then likely to respond in a way which reflects the attachment style developed during childhood. As a result, people with secure attachment styles are likely to cope more effectively with bereavement and loss than those with insecure attachment styles.

In terms of the application of this theory in therapeutic practice, it provides a way of understanding why clients relate to others in certain ways. Therapists also need to be mindful of how their own attachment styles might impact on clients. It is important for therapists to be aware of their role as an attachment figure and to aim to provide the ‘secure base’ which many clients lacked as children and from which they can explore painful issues.

Fonagy (2001) summarizes some of the recent research on attachment theory and outlines a number of criticisms which include the following: insufficient consideration is given to the fact that different children may perceive similar parental or carer behaviour in different ways due to their inevitably different perceptions of reality; developmental aspects of attachment theory are limited, and the categories of secure and insecure attachment could be seen as overly simplistic in that security and insecurity is present to some degree in everyone.
ATTACHMENT THEORY

References

Annotated further reading

This book gathers together essays and lectures by Bowlby written over a 20-year period. Bowlby writes in a clear and very approachable way and this book is an excellent introduction to his ideas as well as a practical guide to the relevance of his ideas in practice.


This is an informative book which focuses on applying attachment theory to psychotherapy practice.