

Book Review

**S. C. Hayes, K. D. Strosahl,
& K. G. Wilson, *Acceptance and
Commitment Therapy: An Experiential
Approach to Behavior Change*
New York: Guilford Press (1999)**

304 pp.

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EVERY SO OFTEN one has the distinct sense that a new book is destined to become a classic. So it is with *Acceptance and Commitment Therapy* by Steve Hayes, Kirk Strosahl, and Kelly Wilson.

Cognitive-behavioral approaches to psychotherapy increasingly dominate the mental health field, at least among those who espouse empiricism as a fundamental value in the development, evaluation, and dissemination of behavior change technologies. Indeed, it could be argued that since the publication of Beck and colleagues' *Cognitive Therapy of Depression* in 1979, the recent history of evidence-based psychotherapy has been primarily about the application of cognitive-behavioral interventions to an ever-growing range of problems.

It is in this context that Hayes et al. present a very different model of psychotherapy that challenges some of the basic tenets that many cognitive-behavior therapists have come to accept, at least implicitly. The book begins by discussing the ubiquity of human suffering, and suggests that an understanding of abstract language—a uniquely human activity—may hold critical clues to the nature and extent of this suffering. The philosophical and theoretical foundations of Acceptance and Commitment Therapy (ACT) are then presented. ACT was developed within the context of a philosophical system known as functional contextualism, rooted in Skinner's radical behaviorism, which emphasizes the relationship of organisms to their environment within a thoroughly pragmatic epistemology. That is, the value of a theory is not determined by how accurately it maps the world, but rather by how well the technology that flows from the theory permits "successful working" with respect to the world.

Relational Frame Theory (RFT) is then presented as a

functional contextualistic approach to natural language. RFT builds upon concepts introduced in Skinner's (1957) *Verbal Behavior*, most notably the distinction between contingency-shaped behavior (that which is under the control of environmental contingencies of reinforcement) and rule-governed behavior (that which is under the control of verbal descriptions of such contingencies). RFT describes the processes by which verbal rules function to dominate human behavior. In particular, Hayes et al. argue that human language, while permitting artistic and technological achievements unparalleled in the rest of the animal kingdom, also has a dark side. Among the potentially negative consequences of language include the tendency for rule-governed behavior to be rigid and inflexible in the face of changing circumstances and to interfere with direct behavioral contact with naturally occurring environmental contingencies. Language also forces contact with a wide range of aversive thoughts and feelings (e.g., self-criticism, imaginary negative consequences), which in turn motivates various self-defeating efforts to escape and avoid such aversive private events.

According to Hayes et al., the behavioral inflexibility produced by verbal rules, in concert with experiential avoidance, underlies much psychopathology. The authors also argue that the need to explain one's own behavior, an activity deeply rooted in our sociolinguistic culture, also results in a variety of problems.

Based on this philosophical and theoretical foundation, Hayes et al. focus the remainder of the book on developing ACT as an intervention. The approach is at once familiar to those well-versed in cognitive behavior therapy, and yet jarringly different. The therapist begins by fostering a sense of "creative hopelessness," essentially demonstrating that the client's various past attempts to ameliorate his or her problems have failed. It is emphasized that this failure is not the result of clients' not working hard enough, but instead on the futility of the system within which they were working. This initial step is believed to be important in laying the groundwork for a new approach to conceptualizing the client's distress and what to do about it. The next phase of treatment focuses on helping clients recognize the (often subtle) ways in which they struggle to control their inner lives, the futility of attempting to do so, and the problems created by this struggle. The pernicious role of language in this process is highlighted. Essentially, the model holds that the source of distress is not negative private experiences per se (including even such experiences as hallucinations or delusions), even though both the mainstream culture and most schools of psychotherapy attribute distress precisely to such experiences. ACT instead holds that the real problem is the struggle to avoid, eliminate, or otherwise control such experiences, combined with the idea that such control is necessary as a precursor to resolving

problems and otherwise moving forward with one's chosen goals. The process by which clients learn to distance themselves from these negative experiences—without directly changing them—is termed *cognitive defusion*. Whereas traditional cognitive interventions focus on changing the *content* of thoughts, the emphasis in ACT is on changing the *context* in which thoughts (and other private experiences) relate to behavior. The third broad phase of treatment focuses on clarifying the client's values. Global values are clarified and prioritized, and efforts are made to translate such values into concrete goals and corresponding directions for behavior change. The final phase of treatment is the implementation of any number of more standard behavior therapy interventions from within the ACT framework. Clients are asked to make commitments to move toward behavioral changes that are consistent with their chosen values.

Whereas Socratic dialogues are the primary therapeutic tools of prototypical cognitive therapy, the metaphor is the *sine qua non* of ACT. The book is rich with metaphors. Since a primary goal of ACT is to undercut destructive rule-governed behavior, the approach hesitates to use rules (in the form of direct instructions), and instead relies heavily on metaphors, many of which are paradoxical, in order to make critical points.

The book concludes with a chapter on the therapeutic relationship in ACT, much of which will be familiar to cognitive behavior therapists. The egalitarian, consultative posture of the therapist is emphasized, as well as the importance of the therapist's self-understanding from within the ACT model. The final chapter focuses on interesting speculations about the role of the scientific analysis of language in addressing many of the problems facing humankind in the 21st century.

This work has many noteworthy strengths. Arguably, it represents one of the few truly unique contributions to the field of psychotherapy in quite some time. At a technical level, much of the material will be familiar to most experienced psychotherapists. ACT draws heavily from cognitive behavior, existential/humanistic, and Gestalt approaches to therapy in particular, as well as certain Eastern (especially Buddhist) traditions. Its uniqueness stems not so much from new techniques (although many of the metaphors are in fact novel and unique to ACT), but from the philosophical and theoretical framework within which these techniques are embedded. Another strength is that the approach is presented as a general blueprint rather than a rigid prescription of techniques. This stands in stark contrast to the growing number of trademarked, proprietary therapies in which training is strictly controlled by proponents and strict adherence to the minutiae of protocol is demanded (Herbert et al., 2000). In fact, reflecting the true spirit of science, Hayes et al. actively invite the reader to experiment with, mod-

ify, and continue to develop the strategies developed in the book. On a related theme, although clearly excited and optimistic about ACT's potential, the authors are careful to avoid overstating their case for its effectiveness before more controlled data are collected. Although data on the effectiveness of ACT are limited, the few studies that have been conducted are quite promising. From a practical standpoint, ACT provides a potentially useful approach to working with especially difficult clients, including those for whom established treatments have failed.

Despite these many strengths, the book is not without its problems. Paramount among these is that it comes dangerously close to violating the connectivity principle in science. Truly innovative theories not only account for new data that have stretched the explanatory limits of extant theories, but they also must explain existing data. Hayes et al. emphasize ACT's differences with "standard" cognitive therapies so much that they fail to account for the many successes of such therapies over the past 2 decades. For example, a frequent theme throughout the book is the often pernicious effects of verbal rules, and the need for therapeutic principles that undercut such rules in favor of direct contact with environmental contingencies of reinforcement. How, then, do we account for the success of approaches that could be described as heavily dependent on the provision of just such rules? If one knew nothing about standard cognitive therapy before reading this book, one might conclude that such an approach would be destined to fail miserably. The problem is that it does not. Hayes et al. do not sufficiently address the successes of cognitive therapy within the context of ACT.

A related problem concerns self-generated rules. Given their strong motivation to make sense of their world, humans are constantly generating rules (which may or may not be accurate or useful), which in turn come to influence their behavior. Although Hayes et al. decry the negative psychological effects of much rule-governed behavior, it is not clear that we can avoid generating rules, even if we try. For example, a client undergoing ACT might develop a rule such as, "I can move forward toward my goals better if I accept my negative thoughts and feelings rather than trying to change them." So while Hayes et al. may aim to undercut rule following, they may instead be encouraging the development of new (and presumably more productive) rules. If this is in fact true, then it remains to be seen if simply providing such rules directly, rather than having clients discover them for themselves, really makes a difference.

After developing the ACT framework for psychotherapy, Hayes et al. suggest that most any established strategy from behavior therapy (e.g., exposure therapy, social skills training) can be used, provided it is presented

within the ACT context. Unfortunately, they state that explication of this integration is "beyond the scope" of the book. Although the integration of certain techniques (e.g., exposure-based strategies for phobias) within ACT would appear to be relatively straightforward, such integration is less obvious for other strategies, especially those relying on verbal instruction. Although an adequate treatment of such integration would probably require another book, some further discussion of such integration would have made this work more useful for the practicing clinician. Moreover, the fact that ACT can be so readily integrated with traditional behavior therapy strategies poses the problem of demonstrating additive benefits of the ACT framework above and beyond the effects of established techniques. If an established treatment is used within ACT to produce good results, one must be careful to avoid attributing the effects to ACT without proper experimental controls.

The book's overall style is both a strength and a weakness. As is typical of these authors, the ideas presented are unusually sophisticated and thought provoking. Nevertheless, there are two places in which the writing may weaken the overall message. The first is in the discussion of functional contextualism in chapter 2. Clinicians who are not already versed in philosophy and/or who are not especially interested in philosophical pursuits may find this chapter difficult to follow. The second drawback concerns the case descriptions. Although the frequent use of case material is helpful in illustrating various ACT strategies, most of the clients sound as if they have Ph.D.s in psychology or philosophy! It would have been more help-

ful to describe dialogues with less educated, less psychologically minded clients that many therapists are more likely to encounter routinely.

One could take issues with other tenets of ACT[™] as well, such as the complete rejection of theoretical correspondence in favor of "successful working" as the epistemology of the authors' functional contextualism (see Erwin, 1997, for an interesting critique). There is also the slightly dishonest claim that the therapist "doesn't know" when asked by clients in the initial phase of treatment what is being recommended in lieu of failed prior attempts to change. But part of what makes this such an exciting book is that it raises so many interesting questions, rather than offering simplistic answers to stale questions. Like the therapy it describes, the real strength of this fascinating book is the challenge it presents to the reader to grapple with a variety of philosophical, theoretical, and technical issues. *Acceptance and Commitment Therapy* is a must read.

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