

## Buddhism and Acceptance and Commitment Therapy

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*The philosophy, basic theory, applied theory, and technology of Acceptance and Commitment Therapy (ACT) are briefly described. Several issues relevant to Buddhist teachings—the ubiquity of human suffering, the role of attachment in suffering, mindfulness, wholesome actions, and self—are examined in relation to ACT. In each case there are clear parallels. Given that a major focus in the development of ACT has been on the identification of basic behavioral processes that make sense of acceptance and defusion-based treatments, these parallels suggest that the basic account may also provide a scientific grounding within the behavioral tradition for a range of Buddhist concepts and practices.*

THE PURPOSE of this paper is to relate Acceptance and Commitment Therapy (ACT; said as one word, “act,” not A-C-T) to a Buddhist view of suffering and its amelioration. ACT was developed over the last 20 years from the confluence of behavior analysis, the human potential movement, and experiential psychotherapies. That development work refined the contextualistic philosophy upon which the therapy is based (e.g., Hayes & Brownstein, 1986; Hayes, Hayes, Reese, & Sarbin, 1993), developed a contextual theory of language and cognition (Hayes & Hayes, 1992; see Hayes, Barnes-Holmes, & Roche, 2001, for a book-length treatment), and generated a working account of relevant forms of psychopathology (e.g., Hayes, Wilson, Gifford, Follette, & Strosahl, 1996), as well as developing ACT as a technological approach (Hayes, Strosahl, & Wilson, 1999). Each of these areas will be touched upon in the present paper.

The ACT work was always closely connected to issues of spirituality (indeed, the first article on this work was on spirituality; Hayes, 1984) and the parallels between ACT and Buddhist thinking are quite clear in some areas. However, there was no conscious attempt to base ACT on Buddhism per se, and my own training in Buddhism was limited. It is for that very reason that these parallels may cast an interesting light on the current discussion. It is one thing to note how Buddhist philosophy and practices can be harnessed to the purposes of behavioral and cognitive therapy. It is another to note how the development of a behavioral clinical approach has ended up dealing with themes that have dominated Buddhist thought for thousands of years. Such an unexpected confluence strengthens the idea that both are engaging topics central to human suffering.

Buddhism is a prescientific system and the processes it

points to are not scientific concepts. Thus, while it may sound sacrilegious, if Buddhist concepts and practice are pragmatically useful, it will fall to science, not Buddhism itself, to provide a scientifically valid account of why and when these concepts and practice are useful. The concepts and data underlying ACT may be useful in that regard.

Given this purpose, a fair amount of this article will focus on ACT per se, so that a ground may be established from which to examine some Buddhist teachings. The following sections will consider the philosophy, theory, and technology of ACT. I will then consider the parallels between this work and Buddhism.

### The Philosophy Underlying ACT: Functional Contextualism

What was originally “radical” about “radical behaviorism” is that scientific observations themselves were thought of as behavior. When applying contingency thinking to scientists themselves, Skinner (1945) saw that one could no longer hold to the traditional methodological behavioral rejection of thoughts, feelings, and the like, because under some contingency conditions observing one’s own feelings could be objective, while observing publicly accessible events might be subjective.

It is a bit strange to call this view “radical behaviorism” because it overturns many of the major points that had previously defined behavioral thinking. Skinner’s approach is made more accessible by thinking of behavior analysis as a type of contextualism, or pragmatism (Biglan & Hayes, 1996; Hayes, 1993). The core analytic unit of contextualism is the ongoing act in context (Pepper, 1942), with a focus on the whole event, a sensitivity to the role of context in understanding the nature and function of an event, and a firm grasp on a pragmatic truth criterion (Hayes, Hayes, & Reese, 1988). There are various kinds of contextualism, defined by their analytic goals (Hayes, 1993). Functional contextualism is that wing of

contextualism that adopts the prediction and influence of events as the goal of their analysis.

A contextualist always asks, "In what context does that apply?" and looks for an answer that orients the analyst to effective action. Given the goals of a functional contextualist, analysis should help explain how to alter the problematic events, and for that reason, the account must eventually reach the manipulable environment. Clients often take a quite different approach, focusing instead on whether their interpretations of their own troubles are ontologically "true," whether or not these analyses are pragmatically useful.

### **The Basic Theory Underlying ACT: Relational Frame Theory**

The theory of language and cognition upon which ACT is based is called Relational Frame Theory (RFT; Hayes et al., 2001). The core conception in RFT is that humans learn to relate events mutually and in combination, that this relational response is brought under the control of arbitrary contextual cues, and that the stimulus functions of events are modified by the functions of other events related to them. Consider a child who has learned to relate events as "opposite." Suppose the child is told, "A is the opposite of B and B is the opposite of C; A can be used to buy candy; which do you want, B or C?" The relations among these events are arbitrarily specified. The relation is both mutual (if A is the opposite of B, then B is the opposite of A) and combinatorial (the relation between A and C must be one of sameness, because an opposite of an opposite is the same). Further, the child will probably be able to select C over B, based on the specified functions of A (i.e., buying candy) and the relation of B and C to A (since C is derived to be the same as A you can probably also use it to buy candy, while B is the opposite of A, so presumably you cannot). Scores of studies have been done in the basic literature on such performances (see Hayes et al., 2001, for a review). Relations of this kind emerge in infancy (Lipkens, Hayes, & Hayes, 1993) and appear to be absent in nonhumans.

Derived stimulus relations are what permit human verbal behavior to be useful, because they enable functions of the natural environment to be altered by what one says. Unfortunately, they also greatly increase human contact with painful events. When a human being tells a story of a painful event in the past, some of the negative functions of the original event will be attached to the telling. Even very positive environments can lead to pain through relational means, as when a great success reminds one of past failures.

Unable to avoid pain simply by avoiding external circumstances, human beings begin to try to avoid negative private experiences directly, a process we call "experien-

tial avoidance." For example, humans will "try to forget about" past traumas, or will try not to feel anxious in situations that lead to anxiety. All of these processes substantially increase the human capacity for suffering.

### **The Theory of Psychopathology Underlying ACT: FEAR**

The acronym FEAR expresses four of the key concepts in an ACT approach to psychopathology—fusion, evaluation, avoidance, and reason giving (Hayes et al., 1999). Cognitive fusion refers to the domination of derived functions over direct ones. As behavior becomes more verbally regulated, it also tends to become more insensitive to direct experience. People can begin to "live inside their heads."

The mischief that cognitive fusion produces is increased by verbal evaluation. Verbal comparative relations are useful in human behavior because they allow conceptualized consequences to be weighed, and thus facilitate human problem solving and planning. This same process, however, also permits the comparison of experienced to feared or wished-for events, greatly amplifying the capacity for human suffering. For example, a very successful person can believe himself to be a "failure" because the outcomes produced are less than an imagined ideal. A person can imagine wonderful outcomes and be dissatisfied if only good outcomes are achieved.

Experiential avoidance occurs when a person is unwilling to remain in contact with a particular private experience (e.g., bodily sensations, emotions, thought, memories, behavioral predisposition) and takes steps to alter the form, frequency, or situational sensitivity of these events, even when doing so causes psychological harm (Hayes et al., 1996). Unfortunately, the more negative private events are avoided, the more they tend to occur. Deliberate (i.e., verbally guided) attempts to avoid private events remind the person of the events to be avoided (thus evoking them), deflect the person from effective orientation to the current environment, and often tend to elicit the very emotion being avoided.

Finally, reason giving draws the person into useless attempts to understand and explain as a method of controlling the outcome. Often the "good reasons" offered only increase experiential avoidance and, furthermore, provide a verbal formula that increases resistance to change for fear of "being wrong." Reason givers tend, as a result, to be difficult to treat (Addis & Jacobson, 1996) and more likely to engage in useless worry in response to negative moods (Addis & Carpenter, 1999), despite the fact that such worry and self-analysis has minimal instrumental benefit (Borkovec, Hazlett-Stevens, & Diaz, 1999).

While a careful analysis is beyond the scope of the present article, most forms of psychopathology seem to

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