

Acceptance and Commitment Therapy

by Paul E. Flaxman, J. T. Blackledge, and Frank W. Bond. In book series: *The CBT Distinctive Features Series*. Windy Dryden, ed. Routledge, New York, NY, 2011, 172 pages, \$19.99 (paper).

Acceptance and Commitment Therapy is the most recent in *The CBT Distinctive Features Series* of Routledge Press, a series that succinctly describes the different aspects of cognitive and behavioral treatment approaches. Acceptance and commitment therapy (ACT) is premised on appreciating that normal human experiences often involve intense psychological distress that frequently impairs actualization of an individual's life goals. ACT is a relatively new behavior therapy that is unlike cognitive-behavioral therapy (CBT) because ACT does not aim to alter an individual's problematic and distressing feelings or thoughts. Instead, ACT aims to promote psychological flexibility, defined as the ability to experience present moments and to alter or maintain behavior congruent with one's personal values. Essentially, the prime goal of ACT is behavior change. There have been at least 30 published randomized controlled trials comparing ACT to various psychological interventions.

The book incorporates brief chapters presented in 2 main parts: (1) The Distinctive Theoretical Features of ACT and (2) The Distinctive Practical Features of ACT. Part 1 posits that ACT is linked to relational frame theory (RFT), proposed by Steven C. Hayes and colleagues, involving learning processes that account for the effects of human language and cognition on behavior. As the authors note, "RFT describes how normal human language processes dramatically change the human experience by resulting in the ability to readily and frequently evaluate virtually all of its aspects negatively" (p 4) and to potentially increase psychological distress. They also note that "RFT posits that this verbal ability sets up a drive and capacity for experiential avoidance, the act of attempting to avoid unpleasant thoughts, emotions, memories, and other private experiences" (p 4). ACT involves a model of human functioning to change the context in which distressing thoughts and feelings are experienced and to decrease avoidance by means of 6 interrelated and overlapping therapeutic processes indicated as acceptance, cognitive defusion, contact with the present moment, self-as-context, values, and committed action. Each process is defined and described in brief chapters and, when combined, they aim to promote psychological flexibility.

Acceptance is the opposite of avoidance and is "a willingness to experience those distressing emotions and experiences that are encountered in the process of behaving consistently with one's values" (p 21). Acceptance work is done with cognitive defusion work, which "involves breaking the rules of language in ways that cause problematic words to lose much or all of their meaning" (p 26), and self-as-context work, which "means that one's self is not defined as the various thoughts, feelings, and sensations that are experienced but rather as the person who is having or noticing those experiences" (p 30). Contact with the present moment involves tracking how effectively or ineffectively one is behaving in the present moment. Values are "process variables (ways of behaving) rather than outcome variables (desired life consequences)" (p 37) that are "ways of living that confer an increased sense of vitality, meaning, and purpose in them" (p 38). Committed action involves "behaving consistently with one's values, not simply promising or agreeing to do so" (p 41). It involves "a demonstrated willingness to experience the distressing thoughts and emotions that may often arise in the midst of living those values" (p 41). More recent concepts of these ACT therapeutic processes combine them into 2 main aspects involving mindfulness and acceptance processes and commitment and behavior change components.

Part 2 discusses therapeutic techniques involved in ACT. Notably, ACT is considered a process-driven mindfulness-based

treatment, conducted over 10 to 12 treatment sessions, that aims to enable individuals to "pursue more vital, purposeful, and meaningful lives" (p 68). Ample illustrative dialogues and metaphorical strategies involving the 6 therapeutic processes are provided. The last chapter raises an important issue by suggesting a therapeutic challenge. Specifically, ACT therapists need to address and understand their own barriers to valued living and apply the ACT strategies to their own experiences in order to enhance the quality of therapeutic interactions.

This well-written, concise text on ACT is an important resource for psychotherapists and students in the psychological and psychiatric fields. It provides a relevant beginning for further study of this behavior and mindfulness cognitive therapy. Because ACT is not primarily based on alleviating psychological symptoms or psychiatric disorders but on facilitating a process of psychological flexibility, this book highlights another promising therapeutic method available for advancing human well-being.

Cynthia R. Pfeffer, MD
cpfeffer@med.cornell.edu

Author affiliation: Weill Cornell Medical College, New York, New York.
Potential conflicts of interest: None reported.
J Clin Psychiatry 2012;73(11):1472 (doi:10.4088/JCP.12bk08135).
© Copyright 2012 Physicians Postgraduate Press, Inc.