

The self in acceptance and commitment therapy

Robert D. Zettle

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 refinement 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.

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

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 a 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 psychological implications.

Defining properties of relational framing

From an RFT perspective, the emotional impact of such self-statements is best comprehended by considering the three defining properties of relational framing: (a) mutual entailment, (b) combinatorial entailment, (c) and transformation of stimulus functions.

Mutual entailment

The bidirectional nature of mutual entailment, or responding to one event in terms of the other and vice versa, is not limited to frames of coordination (e.g., if I’m told that Bill is older than Joe, Joe being younger than Bill can be derived), as illustrated by naming. There is a correspondence between words (“ball”) and things (“spherical toys”) such that they are equivalent to and can be derived from each other. Similarly, the statement “I am a failure” places “I” and “failure” in a relational frame of identity with each other such that “I” = “failure” and “failure” = “I.”

Combinatorial entailment

The property of combinatorial entailment points to relationships that can be derived between relata that are each mutually entailed with a shared stimulus. This can be illustrated by comparative framing; for example, if I am a failure compared to Bill, and Bill is a failure compared to Joe, then I am also a failure relative to Joe.

Transformation of stimulus functions

Identifying oneself as a failure in either an absolute or comparative sense would ostensibly be devoid of any negative emotional impact were it not for the transformation of stimulus functions as the third defining feature of relational framing. The negative emotional connotations of the word “failure” can in effect become transferred and attached to who I take myself to be when I describe myself in that way. This dominance of certain derived stimulus functions over other derived and direct stimulus functions is what is referred to in ACT as fusion (Strosahl, Hayes, Wilson, & Gifford,

2004, p. 39). “I am a failure” and its psychological consequences exemplify fusion with a flawed conceptualized self. The self-statement has meaning and is responded to not as mere words, but as an essential and literally truthful declaration of who I am.

Deictic framing

There are multiple types of relational responding, with frames of coordination and comparison having been cited thus far. A type of framing that is particularly relevant in understanding ACT’s approach to the self involves what are known as deictic relations. Verbal-social communities question and differentially reinforce accurate reporting by its members of experiences and behaviors that have occurred in the past, are ongoing now, and will be happening in the future. One’s own behavior becomes established as a discriminative stimulus in this process (Skinner, 1945) and gives rise to a repertoire of self-awareness or the behavior of “seeing that I am seeing” (Skinner, 1988, p. 286). Such reporting, however, is only reinforced if it conforms to the deictic parameters of person (“I vs. you”), location (“here vs. there”), and time (“now vs. then”); these parameters also participate in frames of opposition or distinction with each other (e.g., there is no “here” without a “there” and no “I” with a “you”). Stated somewhat differently, young children who are asked, “What are you doing now?” are corrected if they erroneously report what some other child is currently doing across the room or what they were doing 10 minutes ago.

For the purpose of this chapter what is most critical to appreciate across multiple interchanges of this sort is that the one constant is the perspective or vantage point from which such self-reports are provided. From a behavior-analytic and RFT perspective, this particular dimension or sense of self – that which is referred to in ACT as “the observing self” (Hayes & Gregg, 2000) or self-as-context (Hayes, 1995) – is a byproduct of the verbal-social contingencies involved in shaping self-awareness, and it plays a key role in the development of perspective taking (McHugh & Stewart, 2012). To the degree to which such perspective taking has a transcendent quality to it, a sense of spirituality can also be seen as emerging from this same process (Hayes, 1984). Perhaps not surprisingly, then, and as will be discussed later, activating and strengthening this self-observational repertoire within ACT can have a transformational and calming impact.

Psychological flexibility

The overarching goal of ACT is to increase psychological flexibility or the ability to adjust one’s behavior to be congruent with personal values (Hayes *et al.*, 2012). Values, in turn, are defined as “freely chosen, verbally constructed consequences of ongoing dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioural pattern itself” (Wilson & DuFrene, 2008, p. 64). It is useful to think of following one’s values as an ongoing intrinsically reinforcing process that can be engaged in through a myriad of goal-directed ways. For example, the value of being a loving parent could be realized by deliberate acts as large as saving for a child’s college education or as small as reading a bedtime story or worrying about a child’s future welfare. The purpose of ACT is to enhance the person’s ability to live a meaningful and values-consistent life by removing barriers to psychological flexibility. Accordingly, to the extent that matters and issues pertaining to the self serve as such obstacles, they are strategically targeted within ACT. While almost all clients receive and benefit from some “self-work” in ACT, the degree of focus on this varies from client to client based on a case conceptualization of how three different senses of self contribute to psychological flexibility versus suffering.

Three senses of self

Although talk of three different senses or dimensions of self is common within ACT (Hayes *et al.*, 2012, chapter 8), it should be reiterated that each can be viewed through a behavior-analytic lens (Lattal, 2012). From this perspective, “the self” in the aggregate within ACT can be conceptualized as an integrated set of behavioral repertoires (Wilson, Bordieri, & Whiteman, 2012) involving (a) a conceptualized self, (b) a knowing self, and (c) an observing self (Hayes & Gregg, 2000). As will become apparent, some of the experientially based techniques, exercises, and metaphors within ACT are designed to target only one of these dimensions, while others may simultaneously address two or even all three.

The conceptualized self

According to RFT and ACT, we continually construct various types of relational frames, including but by no means limited to those of coordination

and comparison, about an almost limitless domain of objects and relata, 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 flexibility 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.

Weakening the conceptualized self

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

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. However, focusing exclusively on eliminating behavioral excesses, such as fusion with the conceptualized self, fails the “dead-man test” of Ogden Lindsley (Malott, Whaley, & Malott, 1991, p. 10). That is, it establishes not fusing with the life story as a singular client goal, which a dead man, as well as woman, could do even better. As will subsequently be seen, ACT accordingly combines defusion work surrounding the self-as-concept with efforts to also strengthen and reactivate repertoires of alternative and incompatible behavior involving the other two aspects of the self.

Efforts to loosen the grip of the conceptualized self can occur at multiple levels within ACT. At the simplest level are defusion exercises that target single self-relevant statements such as “I’m stupid.” Nearly a hundred years ago, Titchener (1916, p. 425) argued that the literal meaning of words can at least be briefly suspended by rapidly repeating them aloud. ACT has adapted this procedure as a defusion exercise by having clients say aloud single self-critical labels over and over (e.g., “stupid, stupid, stupid...”). With enough repetitions, the key word loses its meaning (i.e., its derived stimulus function is no longer dominant) and only its direct stimulus function remains (i.e., the mere sound of the word). While the impact of this exercise may be rather fleeting, it – and other similar defusion techniques, such as expressing the negative self-statement in a cartoon voice or singing it as lyrics to a familiar tune (Strosahl *et al.*, 2004, pp. 41–42) – can be repeated by clients as needed, to at least temporarily open up more space for psychological flexibility each time.

As discussed, fusion with a coherent and logically consistent narrative that justifies and explains the validity of negative self-statements (e.g., “why I am stupid”) is more problematic, and also more of a challenge to weaken. ACT attempts to do so by asking clients to first articulate their life story before deconstructing and then rewriting it (Strosahl & Robinson, 2008; Zettle, 2007). Initially, clients are asked to write out their account of the key events in their lives that have led up to and substantially contributed to their

presenting problems. Clients and therapists then collaborate by underlining factual descriptions within the documents (e.g., “My parents divorced when I was 8.”) in order to separate them from their attributed consequences (e.g., “And as a result I’ve remained distrustful of those close to me.”). Following this deconstruction, the client is asked to write another story using these same objective facts, but with a different array of consequences and overall ending (e.g., “My parents divorced when I was 8 which has caused me to value my marriage even more.”). If necessary, this last step can be repeated several times with a variety of alternative endings. For instance, some of the endings may represent an improvement over the client’s current status (e.g., having a better job), while others may represent a deterioration (e.g., having fewer friends). With a different ending, new facts may emerge that support it and be woven into the revised life story (Zettle, 2007, p. 104). However, as suggested earlier, the overall purpose is not to simply trade one fused narrative for another, but to experientially illustrate that an assortment of life scripts can be constructed, some of which afford more psychological flexibility than others. Clients can then be asked to reflect on which narrative they prefer – “If it were within your power to choose one of these storylines for yourself over the others, which one would be the most helpful to you in having the kind of life you’d want for yourself?”

Related research

A series of laboratory-based, analogue studies with non-clinical samples have consistently documented that rapidly saying negative self-labels aloud is more effective than performing an emotionally neutral distracting task or undertaking efforts to either suppress (e.g., “Don’t think about X”) or distract from (e.g., “Think of something other than X”) the target words, in terms of reducing believability in and discomfort associated with the self-labels (Masuda, Hayes, Sackett, & Twohig, 2004; Masuda, Twohig, *et al.*, 2010). Related research suggests that a rationale alone for the defusion exercise in the absence of rapid word repetition is ineffective (Masuda, Feinstein, Wendell, & Sheehan, 2010) and that longer durations of saying the word (20–30 s) are required in order to impact believability than are required to impact emotional discomfort (3–10 s) (Masuda *et al.*, 2009). While these studies appear to display sufficient internal validity, the degree to which reduced believability ratings can be seen as a proxy for

defusion and the extent that their overall findings can be generalized to clinical populations are questions require further research.

The need for such research is even more apparent in evaluating efforts to reduce fusion to storytelling within ACT. Williams (2007) compared a version of ACT that eliminated “discovering the self” phase work (Hayes, Strosahl, & Wilson, 1999, chapter 7) to a full protocol in treatment of PTSD in Australian veterans. Significant, but equivalent, benefits over 6 weeks of daily sessions were noted for the two conditions, with the full protocol group displaying greater continued improvement during 3-month follow-up. Unfortunately, the study’s sample size was limited ($N = 16$) and the self-focused work eliminated from the truncated version of ACT apparently was not limited to only defusion from the self-as-concept. As a consequence, further dismantling studies with additional clinical samples are recommended to isolate the unique contribution that targeting the conceptualized self may play within the overall success of ACT.

The knowing self

The knowing self consists of a repertoire of individual noticing, in a non-judgmental manner, the full panorama of ongoing psychological experiences. As suggested earlier, it constitutes a behavioral deficit in most clients, that ACT seeks to strengthen as an antidote to the pernicious effects of attachment to the conceptualized self. Because most clients are selectively attentive to the point of being hypervigilant to a limited range of psychological experiences, the immediate objective is to expand the scope of ongoing awareness and how clients respond to their experiences. For example, unwanted private events such as obsessive thoughts, negative emotions, and unpleasant memories are often avoided, or if encountered, quickly escaped from. As ACT sees it, such experiential avoidance contributes to psychological rigidity in several ways. First, although experiential control appears to be ineffective and even counterproductive in the long term (Hayes & Gregg, 2000), it may be sufficiently successful in the short-term to be maintained and strengthened through negative reinforcement. As time and energy invested in experiential avoidance are increased, less of each is available for valued living.

Excessive engagement in experiential control also both directly and indirectly contributes to a negative construction of the self, which in turn, as previously

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.

The 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 private events. For example, during the “soldiers in the parade” exercise clients are asked to close their eyes and visualize a parade in which each of their emerging thoughts appears on a sign carried by a marching soldier. All thoughts are to be observed in this manner including judgments about other thoughts (e.g., “That’s a stupid thought.”), with clients also asked to notice any fusion shifts in which they find themselves in the parade rather than merely watching it from a distance. While the “soldiers in the parade” exercise is focused primarily on increasing mindfulness of thinking, mindfulness involved in “just noticing” spans the entire stream of present moment awareness and can be conducted with eyes closed or open. As its name suggest, clients are encouraged to simply make note of all ongoing experiences, which can include those that are both internally (thinking

about tomorrow’s meeting) as well as externally generated (hearing an outside noise), while simultaneously neither pushing away those that are unwanted, nor clinging to those that are desired. As alluded to earlier, a repertoire of responding to one’s own behavior, or what Skinner (1974) referred to as seeing that one sees, is thereby strengthened. This can be further facilitated by asking clients to “take inventory” (Zettle, 2007, p. 99) by explicitly reporting on what they “see” as they are “seeing” it; e.g., “I notice that I have the thought that . . . , I notice I’m feeling . . . , etc.”

Related research

At least some indirect empirical support for the inclusion of formalized mindfulness meditation within ACT is provided by research documenting the beneficial impact of other therapeutic approaches, such as MBCT, that rely much more heavily on such practices (Hofmann, Sawyer, Witt, & Oh, 2010). More direct support for other techniques within ACT focused on the knowing self has been provided by a recent meta-analysis of laboratory-based studies. Levin and colleagues (2012) reported a medium effect size for specific exercises and metaphors within ACT designed to increase present moment awareness. However, most of the study samples were college students, thus creating concerns about generalization of the findings to clinical populations. As with the investigation of components targeting the conceptualized self, dismantling studies with clinical samples are recommend to more clearly ascertain how critical the efforts to increase ongoing awareness are to the impact of ACT.

The observing self

The repertoire of behavior that comprises the observing self or self-as-context can perhaps most simply be understood through its relationships to the knowing self and the conceptual self. If the knowing self can be viewed as “seeing that one sees,” the observing self can be thought of as “seeing that this seeing” occurs from a consistent vantage point. Stated somewhat differently, I am aware that is I who sees whatever is seen and not someone else; what I see now, have seen in the past, and will see in the future, is through my eyes.

While the observing self can be viewed as closely dependent upon and an extension of present moment awareness, what it entails is most usefully seen as a counterweight to the conceptualized self. The “I” of the conceptualized self is constructed as a thing or entity

(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 your way, what would you want your life to be about?”

Strengthening the observing self

At the beginning of therapy, strong attachment to the conceptualized self typically overshadows the perspective-taking repertoire that clients acquired as children through the deictic processes discussed earlier. The objective in ACT, therefore, is not so much one of strengthening the observing self – constructed as a behavioral deficit – as it is of reactivating it. ACT does so in a number of ways (Strosahl *et al.*, 2004, p. 46), with only a few examples offered here. Some of these techniques simultaneously also target the other two dimensions of self, while others are more specifically focused on strengthening the observing self.

The “just noticing” exercise used to increase present moment awareness can be expanded to also address transcendent perspective-taking by asking clients to periodically “notice who is noticing.” The purpose of what will be referred to here as the “I am” exercise is to activate the observing self, while also simultaneously weakening attachment to the conceptual self (Moran, 2013, pp. 123–130). Clients are provided with a sheet of paper with several blank lines under the heading of “I am ...” on which they are first asked to list specific personal identifiers (e.g., “I am ... a parent, a spouse, etc.”). Clients are then asked one by one to cross off the line that they would be most willing to give up until all that remains is “I am.” Two client reactions are fairly common. The first, reflective of fusion with the conceptualized self, is some protest and agonizing over eliminating each line of self-identifiers, followed by calming relief when reflecting on the observing self that is left.

The ACT experientially based technique that is perhaps most widely recognized as specifically designed to emphasize the continuity and transcendent quality of the observing self is appropriately known as the “observer exercise” (Hayes *et al.*, 1999, pp. 193–195). With their eyes closed, clients are guided through a review

of both past and present moment experiences, while being asked to notice that the “you that you call you that is here now, was there then.” Client reactions to the exercise can vary widely from intellectualizing about it to those that appear to be emotionally transforming (see Orsillo & Batten, 2005, p. 118).

Related research

Given the fairly ephemeral quality of the observing self, it should not be surprising that techniques to enhance it have not been investigated to the same degree as those targeting the other self dimensions within ACT. A recent laboratory-based study found that a version of the observer exercise that addressed pain-related experiences was more effective than a generic version of the exercise and an attention-placebo protocol in increasing tolerance to a cold pressor pain stimulus (Carrasquillo & Zettle, 2014). However, there was no difference when compared to a protocol that included pain tolerance techniques, such as relaxation, cognitive restructuring, and positive imagery; techniques typically emphasized with more traditional CBT approaches.

A pair of earlier and related studies suggests that other adjustments to the observer exercise informed by RFT may also increase its impact (Foody, Barnes-Holmes, Barnes-Holmes, & Luciano, 2013; Luciano *et al.*, 2011). Specifically, framing the deictic relationship between the self and private events within the observer exercise hierarchically (e.g., “Imagine yourself as being the captain of a boat and your thoughts and feelings as being the passengers.”) was more effective in reducing self-reports of problematic behavior among adolescents (Luciano *et al.*, 2011) and distress in college students (Foody *et al.*, 2013) than placing the self and private events in a frame of distinction (e.g., “Just contemplate your thought as if you were contemplating a painting.”). Whether similar findings would extend to the use of the observer exercise within ACT with clinical samples remains unclear.

Summary and conclusions

Clients in ACT are often counselled to hold thoughts about themselves and their life stories lightly. Similar advice can be extended to those who write and read about ACT. This chapter accordingly is but one of several contemporary narratives that could be told about how ACT regards the self and related matters. It is of necessity in some sense “my story” – other proponents, practitioners, and investigators

of ACT might provide somewhat different accounts. Regardless of differences that might emerge across varied presentations and formulations of the current status of the self within ACT, all should be held lightly because of a common, shared feature. If scientific and clinical progress involving ACT are to continue, it is my sincere hope that all are wrong in some fundamental ways. However, as Kelly Wilson has frequently pointed out, we, unfortunately, don't know at this point in time exactly how or why they are wrong. ACT's perspective on the three selves, or dimensions of self, as discussed in this chapter, have so far seemed useful in contributing to the creation of a "science more adequate to the challenge of the human condition" (Hayes, Barnes-Holmes, & Wilson, 2012, p. 1). From the vantage point of functional contextualism, however, detecting and correcting errors of omission as well as commission in our current approach to the self within ACT are necessary to improve our ability to alleviate both subclinical and clinical forms of human suffering, and to promote well-being.

References

- Barnes-Holmes, Y., Barnes-Holmes, D., Roche, B., *et al.* (2001). Psychological development. In S. C. Hayes, D. Barnes-Holmes, & B. Roche (Eds.), *Relational Frame Theory: A Post-Skinnerian Account of Human Language and Cognition* (pp. 157–180). New York, NY: Plenum.
- Biglan, A., & Hayes, S. C. (1996). Should the behavioral sciences become more pragmatic? The case for functional contextualism in research on human behavior. *Applied and Preventive Psychology: Current Scientific Perspectives*, 5, 45–57.
- Carrasquillo, N., & Zettle, R. D. (2014). Comparing a brief self-as-context exercise to control-based and attention placebo protocols for coping with induced pain. *The Psychological Record*, 64, 659–669.
- Footy, M., Barnes-Holmes, Y., Barnes-Holmes, D., & Luciano, C. (2013). An empirical investigation of hierarchical versus distinction relations in a self-based ACT exercise. *International Journal of Psychology and Psychological Therapy*, 13, 373–388.
- Hayes, S. C. (1984). Making sense of spirituality. *Behaviorism*, 12, 99–110.
- Hayes, S. C. (1993). Analytic goals and varieties of scientific contextualism. In S. C. Hayes, L. J. Hayes, H. W. Reese, & T. R. Sarbin (Eds.), *Varieties of Scientific Contextualism* (pp. 11–27). Reno, NV: Context Press.
- Hayes, S. C. (1995). Knowing selves. *The Behavior Therapist*, 18, 94–96.
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavior therapy. *Behavior Therapy*, 35, 639–665.
- Hayes, S. C., Barnes-Holmes, D., & Roche, B. (Eds.). (2001). *Relational Frame Theory: A Post-Skinnerian Account of Human Language and Cognition*. New York, NY: Plenum.
- Hayes, S. C., Barnes-Holmes, D., & Wilson, K. G. (2012). Contextual behavioral science: Creating a science more adequate to the challenge of the human condition. *Journal of Contextual Behavioral Science*, 1, 1–16.
- Hayes, S. C., & Gregg, J. (2000). Functional contextualism and the self. In C. Muran (Ed.), *Self-Relations in the Psychotherapy Process* (pp. 291–307). Washington, DC: American Psychological Association.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44, 1–25.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change*. New York, NY: Guilford.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change* (2nd ed.). New York, NY: Guilford.
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78, 169–183.
- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine*, 8, 163–190.
- Lattal, K. A. (2012). Self in behavior analysis. In L. McHugh & I. Stewart (Eds.), *The Self and Perspective Taking: Contributions and Applications from Modern Behavioral Science* (pp. 37–52). Oakland, CA: Context Press.
- Levin, M. E., Hildebrandt, M. J., Lillis, J., & Hayes, S. C. (2012). The impact of treatment components suggested by the psychological flexibility model: A meta-analysis of laboratory-based component studies. *Behavior Therapy*, 43, 741–756.
- Linehan, M. M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York, NY: Guilford.
- Lovaas, I., Newsome, C., & Hickman, C. (1987). Self-stimulatory behavior and perceptual reinforcement. *Journal of Applied Behavior Analysis*, 20, 45–68.
- Luciano, C., Ruiz, F. J., Vizcaino Torres, R. M., *et al.* (2011). A relational frame analysis of defusion in acceptance

- and commitment therapy: A preliminary and quasi-experimental study with at-risk adolescents. *International Journal of Psychology and Psychological Therapy*, 11, 165–182.
- Malott, R. W., Whaley, D. L., & Malott, M. E. (1991). *Elementary Principles of Behavior* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Masuda, A., Feinstein, A. B., Wendell, J. W., & Sheehan, S. T. (2010). Cognitive defusion versus thought distraction: A clinical rationale, training, and experiential exercise in altering psychological impacts of negative self-referential thoughts. *Behavior Modification*, 34, 520–538.
- Masuda, A., Hayes, S. C., Sackett, C. F., & Twohig, M. P. (2004). Cognitive defusion and self-relevant negative thoughts: Examining the impact of a ninety year old technique. *Behaviour Research and Therapy*, 42, 477–485.
- Masuda, A., Hayes, S. C., Twohig, M. P., et al. (2009). A parametric study of cognitive defusion and the believability and discomfort of negative self-relevant thoughts. *Behavior Modification*, 33, 250–262.
- Masuda, A., Twohig, M. P., Stormo, A. R., et al. (2010). The effects of cognitive defusion and thought distraction on emotional discomfort and believability of negative self-referential thoughts. *Journal of Behavior Therapy and Experimental Psychiatry*, 41, 11–17.
- McHugh, L., & Stewart, I. (2012). *The Self and Perspective Taking: Contributions and Applications from Modern Behavioral Science*. Oakland, CA: Context Press.
- Moran, D. J. (2013). *Building Safety Commitment*. Joliet, IL: Valued Living Books.
- Orsillo, S. M., & Batten, S. J. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29, 95–129.
- Pepper, S. C. (1942). *World Hypotheses: A Study in Evidence*. Berkeley: University of California Press.
- Reese, H. W. (1968). *The Perception of Stimulus Relations: Discrimination Learning and Transposition*. New York, NY: Academic Press.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. New York, NY: Guilford.
- Skinner, B. F. (1945). The operational analysis of psychological terms. *Psychological Review*, 52, 270–277.
- Skinner, B. F. (1974). *About Behaviorism*. New York, NY: Knopf.
- Skinner, B. F. (1988). Behaviorism at fifty. In A. C. Catania & S. Harnad (Eds.), *The Selection of Behavior* (pp. 278–292). New York, NY: Cambridge University Press. (Original work published 1964.)
- Society of Clinical Psychology. (n.d.). Psychological treatments. Retrieved from <http://www.psychologicaltreatments.org>
- Strosahl, K. D., Hayes, S. C., Wilson, K. G., & Gifford, E. V. (2004). An ACT primer: Core therapy processes, intervention strategies, and therapist competencies. In S. C. Hayes & K. D. Strosahl (Eds.), *A Practical Guide to Acceptance and Commitment Therapy* (pp. 31–58). New York, NY: Springer.
- Strosahl, K. D., & Robinson, P. J. (2008). *The Mindfulness and Acceptance Workbook for Depression*. Oakland, CA: New Harbinger.
- Titchener, E. B. (1916). *A Text-Book of Psychology*. New York, NY: MacMillan.
- Torneke, N. (2010). *Learning RFT: An Introduction to Relational Frame Theory and its Clinical Application*. Oakland, CA: Context Press.
- Vilardaga, R., Hayes, S. C., Levin, M., & Muto, T. (2009). Creating a strategy for progress: A Contextual behavioral science approach. *The Behavior Analyst*, 32, 105–133.
- Wells, A. (2009). *Metacognitive Therapy for Anxiety and Depression*. New York, NY: Guilford.
- Williams, L. M. (2007). *Acceptance and commitment therapy: An example of a third-wave therapy for treatment of Australian Vietnam War veterans with posttraumatic stress disorder*. Unpublished doctoral dissertation. Charles Sturt University; Bathurst, New South Wales, Australia.
- Wilson, K. G., Bordieri, M., & Whiteman, K. (2012). The self and mindfulness. In L. McHugh & I. Stewart (Eds.), *The Self and Perspective Taking: Contributions and Applications from Modern Behavioral Science* (pp. 181–197). Oakland, CA: Context Press.
- Wilson, K. G., & DuFrene, T. (2008). *Mindfulness for Two: An Acceptance and Commitment Therapy Approach to Mindfulness in Psychotherapy*. Oakland, CA: New Harbinger.
- Wray, A. M., Dougher, M. J., Hamilton, D. A., & Guinther, P. M. (2012). Examining the reinforcing properties of making sense: A preliminary investigation. *The Psychological Record*, 62, 599–622.
- Zettle, R. D. (2007). *ACT for Depression: A Clinician's Guide to Using Acceptance and Commitment Therapy in Treating Depression*. Oakland, CA: New Harbinger.