



Acceptance and
Mindfulness in
**COGNITIVE
BEHAVIOR
THERAPY**

UNDERSTANDING
AND APPLYING
THE NEW THERAPIES

Edited by

James D. Herbert Evan M. Forman

Acceptance and Mindfulness in Cognitive Behavior Therapy

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New Therapies

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To Lynn, Aaron, Sylvia, Elliott, and Joel (JDH)
To Emma and Eli (EMF)

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Foreword

ACCEPTANCE AND MINDFULNESS IN COGNITIVE BEHAVIOR THERAPY

It seems that the acceptance and mindfulness concept has suddenly become pervasive in clinical psychology and related fields. Judging from the barrage of flyers I receive each week, it seems that one can hardly buy a psychological book these days without the terms “mindfulness” or “acceptance” in its title. This is especially true of self-help and other psychology trade books.

But the concept is increasingly found also in serious scientific articles and in convention programs, including – and especially! – those of the Association for Behavioral and Cognitive Therapies, a 45-year old organization that eschewed cognitive constructs in its earliest years, defining the field solely in terms of classical and operant conditioning. This is the behavior therapy that I cut my teeth on in the early 1960s, though even back then there were signs that equating behavior therapy with “the conditioning therapies” was unproductively constraining and not reflective of what self-identified behavior therapists actually *did* or even how they *thought about* what they did.

When I was learning behavior therapy and assessment in graduate school from Lazarus, Bandura, and Mischel, there were three kinds of reactions from nonbehavioral colleagues to the sometimes hypomaniac pronouncements of the advocates of this “new wave.” The first was “You are treating symptoms, not the disorder/disease itself and therefore you are likely to do harm.” Or second, “I don’t believe your reports of efficacy and effectiveness.” Or third, coming from those who believed that the new approach had some promise, “Well, I’ve been doing ‘that’ for some time, only using different language to talk about the effectiveness of my ministrations.”

I will freely admit that my reactions to the acceptance/mindfulness trend in cognitive behavior therapy often fall into the third category. To be specific, I sometimes find myself believing that the acceptance/mindfulness rhetoric represents less a third wave or

new paradigm than it does theoretical and procedural restatements of the thinking and practices of clinicians whose work spans many decades.

For example, Skinner wrote in the 1950s about countercontrol, a theme I myself developed in a 1973 Banff conference, to be greeted by (good-natured?) skepticism bordering on ridicule. And then there is the relaxation training pioneered by Jacobson in the 1920s and adapted by Wolpe and Lazarus decades later as an anti-anxiety “response” for desensitizing maladaptive fear; anyone familiar with teaching this form of self-soothing understands the need to encourage the patient to “go with” the process, accepting and not worrying about new bodily sensations and the wandering of attention. And finally, how different from one another is the tenet in acceptance-based CBT that one can behave differently while accepting inconsistent thoughts (such as “I can’t do it”), from the classic Skinnerian focus on changing overt behavior with little, if any, theoretical or procedural attention being paid to internal thoughts and feelings?

What has tended to be neglected in the midst of partisan battles between those who do and those who not see value in the acceptance/mindfulness approaches is a reasoned, scientifically grounded discourse that would help researchers and clinicians alike sort through the various claims and counter-claims. I am pleased to say that this book, skillfully conceived and edited by James Herbert and Evan Forman, provides just such a sober and open-minded appraisal of a trend that has sometimes suffered both from too much hype by its proponents and too sweeping a rejection by some orthodox cognitive (behavior) therapists who sometimes seem more interested in preserving the status quo than endeavoring to advance evidence-based psychosocial therapy both conceptually and procedurally.

You can imagine my pleasure at learning of a book project dedicated to an appraisal of the mindfulness and acceptance trends in cognitive behavior therapy. I was especially cheered knowing that the book is edited by Herbert and Forman, scholars who have taken a serious look at promising developments within the tradition of CBT without getting carried away with them. They have assembled some of the best and most creative thinkers on the topic in this lively and engaging volume.

The book begins with an introductory chapter by Herbert and Forman that reviews the explosive increase in interest in the concepts of psychological acceptance and mindfulness within CBT. The editors nicely lay out various clinical and theoretical questions that these developments raise and the conflicts that they have provoked within the field. Although clearly sympathetic to these new developments, the editors are careful not to take sides in these debates, leaving the subsequent chapters to speak for themselves.

What follows are a series of chapters on the major contemporary models of CBT. Although traditional perspectives such as cognitive therapy are represented, the focus is primarily on the various novel acceptance-based models. These chapters are written by the leading experts on each model. Each chapter not only describes the model in question but focuses on how it addresses key questions, including the role of direct cognitive change strategies, the role of mindfulness and acceptance, and the scientific status of both its clinical outcomes and theoretical processes.

The second section of the book consists of three chapters that take a broader, more integrative perspective on the various issues raised by the earlier chapters. The first, by proponents of traditional cognitive therapy, addresses these developments from that perspective. The second, by proponents of acceptance-based therapy, likewise provides an analysis from that point of view. Finally, my friend and colleague Marv Goldfried sums up and analyzes the dialogue with insights as a pioneering cognitive behavior therapist that sees values in ideas and practices that go beyond even expanded definitions of CBT.

Is the mindfulness and acceptance trend just old wine in new bottles? If you believe this to be the case, consider that the container that wine sits in can affect the experience of the drink. There's a reason one wouldn't imbibe an Opus One red wine directly from the bottle.

Gerald C. Davison, PhD
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PART I

New Developments in the Behavior Therapy Tradition

Perspectives on Mindfulness and
Psychological Acceptance

1

The Evolution of Cognitive Behavior Therapy

The Rise of Psychological Acceptance and Mindfulness

JAMES D. HERBERT AND EVAN M. FORMAN

So it is too that in the eyes of the world it is dangerous to venture. And why? Because one may lose. But not to venture is shrewd. And yet, by not venturing, it is so dreadfully easy to lose that which it would be difficult to lose in even the most venturesome venture, and in any case never so easily, so completely as if it were nothing . . . one's self.

—Kierkegaard, *The Sickness Unto Death* (1849)

Cognitive behavior therapy (CBT) has now become the dominant force in psychotherapy in much of the world, including North America, the United Kingdom, much of Europe, and increasingly throughout Asia and Latin America. The rise of CBT is due to the confluence of several factors, primary among which is the increased focus on evidence-based practice and associated calls for accountability in the delivery of behavioral health services (Baker, McFall, & Shoham, 2009). Throughout its history, CBT has been committed to a scientific perspective to the study of psychopathology and its treatment. Hundreds of studies have evaluated various cognitive behavioral theories of psychopathology, and hundreds more have assessed the efficacy of CBT interventions. This scientific literature has placed CBT in a unique position to dominate the field of psychotherapy.

This extraordinary growth immediately raises the question: What exactly is CBT? Does the term refer to a specific model of psychopathology or psychotherapy? Or perhaps to a domain of treatment, either in terms of targeted processes or pathologies? In fact, the term CBT has become so broad as to defy clear definition. The Web site of the Association for Advancement of Behavioral and Cognitive Therapies, the premier multidisciplinary, international organization devoted to CBT, avoids a specific definition of the term, instead describing the organization's mission as "the advancement of a scientific approach to the understanding and amelioration of problems of the human condition." Various theories, principles, models, and techniques fall under the general rubric of CBT, and these approaches have been applied to the full range of human experience, from the assessment and treatment of severe psychopathology and profound developmental delays to primary prevention efforts to enhancing peak performance among athletes. CBT has become

largely synonymous with empirically supported, evidence-based psychological theories and technologies aimed at improving the human condition (Wittchen & Gloster, 2009).

Despite this broad plurality, some features are common to the various CBT approaches. For example, CBT therapists tend to focus primarily on the present rather than the past, to emphasize parsimony in theoretical explanations, to use learning principles (including principles related to how we interpret the world and/or how we relate to our own experience), and to espouse epistemological empiricism. In fact, the term is perhaps most useful as a way of contrasting what CBT *is not* rather than what *it is*. For example, CBT does not encompass psychotherapies that focus primarily on the supposed curative properties of insight into intrapsychic conflicts rooted in historical developmental events, nor those that posit that a supportive therapeutic relationship alone is sufficient for fundamental change of difficult problems. Although this broad perspective on the discipline can be frustrating to scholars who seek clear categories to demarcate schools of psychotherapy, it has the advantage of fostering a dynamic exchange of perspectives within a broad marketplace of ideas.

Like all scientifically-based disciplines, CBT is not static, but continuously evolving. Established theories and technologies continuously and inevitably give rise to new developments. There is a general recognition that current technologies are imperfect, awaiting refinement or even radical new developments, and that even our best current theories are incomplete or even “wrong,” although we do not yet know precisely how. This progressive, natural evolution is evident today in the dramatic rise of theories and associated assessment, treatment, and prevention technologies that highlight psychological acceptance and mindfulness. The past decade has witnessed a veritable explosion in interest in these concepts by CBT scholars and practitioners alike, and theoretical formulations and intervention techniques targeting mindfulness and acceptance figure prominently in several novel models of CBT. While building on the foundation of traditional approaches to CBT, these developments have taken the field in new, exciting, and sometimes surprising directions.

ACCEPTANCE AND MINDFULNESS IN CONTEXT

These developments have not been without controversy, however. The most contentious issues center on the degree to which they are truly novel, and whether or not they add incremental value to more traditional CBT models. Although acknowledging their roots in earlier models, some proponents of acceptance-based approaches view them as paradigmatically distinct from earlier, established forms of CBT.

Hayes (2004) proposes that the history of CBT can be divided into three overlapping but distinct generations. The first generation, commencing with the groundbreaking work of Skinner (1953), Wolpe (1958), and Eysenck (1952), spanned the 1950s and into the 1960s, and developed largely in reaction to the perceived weaknesses of psychoanalytic theory and therapy. The approach was based on carefully delineated learning principles, many of which were developed and refined through experimental work with animals, and there were close connections between basic scientific developments derived