## Acceptance and Commitment Therapy: Principles and Potential for Use with Eating Disorders

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Over the past 50 years, there have been three waves of scientifically-based psychotherapy development. The first two waves were behavior therapy, developed in the 1950s, and cognitive therapy, developed in the 1970s (Ost, 2008). Behavior therapy and cognitive therapy have merged into what is now called Cognitive Behavior Therapy (CBT). In the last 10 to 15 years, a number of treatments have begun to extend traditional CBT. These treatments have been loosely grouped together as the third wave of behavior therapy, and share a focus on the context and functions of cognitions (Hayes, 2004). In contrast to traditional CBT, which focuses directly on changing cognitions that distress the client, third wave therapies tend to focus on mindfulness and acceptance of distressing cognitions (Hayes, Stroshal & Wilson, 2003). One of the most widely practiced third wave therapies is Acceptance and Commitment Therapy (ACT). Because it proposes that an individual's reaction to a cognition is changeable while the cognition itself is not, ACT aims to teach clients how to accept possibly upsetting cognitions, as well as other subjective internal experiences (e.g. feelings or sensations; [Hayes et al., 1993; Hayes, 2004]). Attempting to control unwanted subjected experiences is thought to be not only ineffective, but occasionally even counter-productive, because the struggle to control them can actually increase the distress they produce (Hayes, 2004). Therefore, clients are taught how to be aware of their internal experiences, while not being hindered by them as they try to achieve their life goals.

One goal of ACT is to reduce experiential avoidance (e.g. target the unwillingness to have certain thoughts, feelings, sensations, memories, or urges). ACT teaches clients ways to change their relationship with these internal experiences rather than changing the experience itself. Clients are taught to obtain some distance (or defusion) from internal experiences (Hayes, Stroshal & Wilson, 2003; Hayes, Luoma, Bond, Masuda & Lillis, 2006). Because ACT views some human suffering as normative, the goal of treatment is not to get rid of all suffering, but to help clients engage in a full and meaningful life even when distressing thoughts, feelings, or other experiences occur. To accomplish this, ACT helps clients identify goals and values and take committed action towards engaging in behaviors that are consistent with them.

Since the ACT paradigm was developed in 1999, there have been over 40 studies published on its effectiveness (Haves, 2008). ACT has demonstrated efficacy with many problems, including chronic pain (McCracken & Eccleston, 2006), smoking cessation (Gifford et al., 2004), psychosis (Bach & Hayes, 2002), depression (Zettle & Hayes, 1986), obsessive compulsive disorder (Twohig, Hayes & Masuda, 2006), and social anxiety disorder (Dalrymple & Herbert, 2007). However, more studies need to include active comparison groups, compare ACT to gold-standard CBT programs, and be conducted by investigators without an allegiance to ACT (Hayes et al., 2006; Forman et al., 2007).

Although the efficacy of ACT has been researched for a large variety of mental illness, we know of no published studies that have investigated its use with eating disorders (of note, Heffner and colleagues (2002) did publish a case study in which ACT was successfully used to treat a 15year-old with anorexia nervosa). There are theoretical reasons to believe that ACT might be especially effective for those with disordered eating. Eating disordered behaviors can be conceptualized, in part, as an attempt to reduce anxiety about food and weight. For instance, a client may be anxious because she feels bloated or has the thought that she looks fat. In an attempt to make that feeling or thought go away, she may decrease her consumption of food, increase her exercise, or purge. Although these behaviors may in the short-term make this feeling or thought go away, repeatedly engaging in such behaviors will have negative consequences (e.g. they may be detrimental to her health, impair her concentration, cause tension in relationships, and reduce her engagement in social or community activities). Clients also may engage in behaviors such as binge eating to avoid, control or suppress other internal experiences like sadness or boredom. In the long-term, these behaviors do not improve the quality of life nor do they reduce distress. ACT asks clients to evaluate the

consequences of their behaviors and consider alternative ways of responding to these internal experiences. The client can become willing to experience them and gain psychological distance from them without needing to engage in a behavior that will temporarily control the internal experience. By teaching clients how to change their relationship with distressing internal experiences and how to decrease experiential avoidance, problematic weight and eating-related behaviors might be reduced.

Many clients with eating disorders are ambivalent about behavior change. Engaging patients in treatment is a key aspect of treatment. Enhancing motivation for treatment is especially important. ACT may be well-suited to address this because ACT asks clients to evaluate how well their current approach to their internal experience is working. ACT helps the client to identify what they value in life and determine whether or not their behaviors are helping them move in these valued life directions. An ACT therapist can help frame behavior change as something that connects to the client's broader life goals.

The order of ACT treatment sessions is flexible. Therapy can begin by having clients evaluate the workability of the strategies they have been using to deal with problems, such as "fear of fatness." Clients will typically conclude that some of the strategies they are using are not effective (e.g. losing some weight does not make a fear of fatness go away for a client with anorexia nervosa). Metaphors and experiential exercises are frequently used in ACT (Hayes et al., 1999). For instance, a Chinese Finger Trap exercise can introduce a basic principle of ACT. A Chinese Finger Trap is a woven tube of straw. An individual can put both index fingers into the tube, one on each end. Once the fingers are inserted, trying to pull them out just makes the tube tighterthe only way to make room is to push the fingers farther in. A parallel can be drawn between the trap and attempts to get rid of feelings of fatness. Struggling with those feelings can create additional distress and the most workable solution (which eventually provides more freedom and behavioral flexibility) is to adopt an attitude of acceptance.

Similarly, the Thoughts on a Leaf exercise can be used to help a client practice mindfulness (Hayes et al., 1999). The client is instructed to imagine her thoughts as leaves floating down a river. For example, the client may have the thought that her stomach is too big or that she cannot stand to feel so full. The client is instructed to be aware of her thoughts as they float down the river, without judging the content of the thoughts or trying to change them. Through this exercise she can practice gaining distance from thoughts and recognizing that thoughts are simply a form of internal experience, not necessarily a truth. Another way of helping a client gain distance from thoughts is to have them preface thoughts with the phrase, "I am having the thought that..." and saying, "I am having the thought that my stomach is too big," rather than simply, "My stomach is too big" can help a client recognize that thoughts are simply internal experiences and that she does not need to react to them—she can simply be mindful of a thought without needing to act to make it go away.

A client's values and goals can be a focus throughout treatment and distress tolerance can be framed not as an end in itself, but as a means to the end of engaging in valued behaviors. For example, a client with an eating disorder may value education and thus have the goal of attending college. The therapist can work with the client to help her recognize that she is more likely to achieve this goal if she is, for example, healthy enough to attend high school regularly. The Bus Driver metaphor illustrates this point (Hayes et al., 1999). In this metaphor, the client is a bus driver, moving towards her values and goals (e.g. education and college), but in the back of the bus are "passengers" that represent upsetting internal experiences (e.g. urges to binge or purge, thoughts about the importance of thinness) that can complicate the trip. The passengers may come up to the front of the bus occasionally to try to get her to change her direction and she may feel tempted to pull the bus over to deal with them. But the client can continue moving in a direction that is consistent with her values, even with the passengers on the bus still on board. The client and therapist can discuss how she can practice this skill in her life (e.g. spending the evening studying while at the same time having the urge to excessively exercise instead). By increasing her psychological flexibility the client can engage in a full range of behaviors that are

consistent with her values; the pursuit of thinness or avoidance of distressing internal experiences do not need to solely dictate which behaviors she engages in.

The use of ACT with eating disorders has much promise but empirical research must be conducted to determine its effectiveness. At its roots, ACT is a type of behavior therapy, and therefore standard behavioral approaches to eating disorders (e.g. exposure, self-monitoring) can be integrated within the treatment. Other models of psychotherapy also may be compatible with this approach. The authors and their colleagues at Drexel University are currently conducting a small pilot at The Renfrew Center to determine if adding weekly, group-based, ACT therapy to intensive outpatient treatment improves outcome. If results of pilot studies such as this provide preliminary evidence of effectiveness, larger trials of this new treatment will likely be conducted.

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