



Acceptance and Commitment Therapy (ACT) and Eating Disorders

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Imagine this: it's your 80th birthday party and your loved ones are there to celebrate with you. They raise their glasses in a toast to you and say, "To you, and to your long life that has stood for _____!" What will they say? What will you want your life to represent? What do you believe in and value? What's important enough to you that you'd want your life to have reflected this through your actions and behaviour? Is your *current* life, and are the choices you make, reflective of these values?

You might say you "sometimes" act in a manner that reflects what you believe in and what you're ready to stand up for. However, if you notice that you're beating yourself up ("I should *live my life according to my values but I don't always. What's wrong with me?*"), can you observe that thought for a minute? Be aware that it's just your mind telling you a story the way minds do. And that story? It's really just a bunch of words, since words are what stories are made of. And those words? They're just words, not necessarily facts.

However, we've all had a *lot* of experience learning words since that's how we learn language, to the point that words can become automatic (*Mary had a little ____?*) In addition, our brain's default mode seems to be one that's watchful for danger, therefore we've also had a lot of experience evaluating and judging thoughts (cookies are "bad", salad is "good"), which can make it challenging to let go of our thoughts, even though seeing them as "*just words*" is one step towards taking the power away from them.

This means we have a choice. We can engage in the story our mind is giving us, believe it, analyze it, ruminate on it over and over... or we can acknowledge our mind's effort ("*Thanks, mind!*"), then disengage to let it go. This is a different process than "*don't think about it*"—that doesn't work too well anyway. (Try *not* to think of chocolate cake!) Acknowledging our thought means recognizing its story, inviting it to sit with us along with all its accompanying feelings (even the uncomfortable ones), breathing into them, and considering if we go along with the story, will that take us away from, or toward, who and what's important? If the answer is "away" (as it often is), the choice then becomes "*what would the person I want to be, actually do in this moment to move toward what's important to me?*" Making a commitment to act in a way that reflects what you believe in, in spite of what might be uncomfortable, can result in living a life that's satisfying and meaningful. This is the aim of Acceptance and Commitment Therapy, or ACT (pronounced like the word "act").

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“ACT is a therapy approach that uses acceptance and mindfulness processes, and commitment and behaviour change processes, to produce greater psychological flexibility” (Hayes & Strosahl, 2004: 13). Essentially the idea is that the more rigidly we think, the fewer options we have, the greater likelihood we become stuck and inflexible, and the more we suffer. *Psychological flexibility* allows us to live our lives in accordance with our values, and to do so *in spite of* what might be troubling us. In other words, we can put off going out to eat with friends until we lose those 10 pounds, or, if we value our friendships as well as being a supportive friend ourselves, we can choose to go out anyway and focus on enjoying the social aspect of being with others. We might *still* become overwhelmed with the choices on the menu or our judgments about what we’ve ordered. The difference is that we’re then engaging in life and what’s important to us. Psychological flexibility is a lot like yoga for the brain. It takes some training but it strengthens our ability to be balanced. Most importantly, it gives us choice.

ACT is a psychotherapy model that evolved from behaviour therapy and Cognitive Behavioural Therapy (CBT). Today it is sometimes considered to be a more modern version of CBT. It is often referred to as a “third wave” behaviour therapy model that incorporates mindfulness and acceptance strategies, as do other third wave models such as dialectical behaviour therapy (DBT), mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT). Developed in the 1980s by American psychologists, Steven Hayes, Kurt Strosahl and Kelly Wilson, ACT is based on a philosophy called *functional contextualism* that, simply put, looks at the function of particular behaviours within a particular context, and examines the *workability* of that function. Eating disorders, for example, serve a particular purpose. Their function may be to help people cope with shame, hurt, or anxiety within a particular context (such as growing up in a highly critical family where perfection was demanded, or lacking self-soothing skills, or experiencing a sexual trauma). The question then becomes, how well has the eating disorder *worked*, in the short term, and in the longer term? Food restriction and over-exercise, for example, may give an individual a sense of accomplishment and competency *in the short term* that serve as distractions from beliefs that suggest the opposite. Many people say it helps to binge and purge *in the short term* because of the trance-like state one enters and the temporary relief from uncomfortable feelings. The binge behaviours in

binge eating disorder may give someone temporary comfort and psychological space. *In the short term*, these outcomes become reinforcing payoffs that can perpetuate the eating disordered behaviour. *In the long term* however, the question becomes, what are the *costs* of the eating disorder? What have people given up because of it? What have they put off? What might they be missing out on? Essentially, how is the eating disorder working for them *in the long term*?



Retrieved from: <https://sufferingrecovery.wordpress.com/self-help/acceptance-commitment-therapy-act/>

ACT is also based on *relational frame theory*, which posits that we learn language and cognition by relating things and comparing or evaluating them. “Acceptance and Commitment Therapy... is based on the view that language is at the core of many psychological disorders specifically, and human suffering in general” (Hayes, Strosahl, Bunting, Twohig & Wilson, 2004: 4). The notion is that the more we are exposed to (and think about) particular ideas (made up of language), the more believable and automatic they become (*Girls just want to have ____?*). This in turn leads us to believe our thoughts as truths when actually, they are just words strung together. For instance, when I’m attending that next family gathering that revolves around an extensive dinner, I might get preoccupied with my thoughts that tell me to limit myself to certain foods and that urge me to worry about whether I’ll “lose control” and eat too much. If I believe these thoughts to be true, the cost to me is that I become so caught up with my mind that I lose out on the present moment – enjoying the company of people I may not get the chance to see very often. Alternately,

I can choose to acknowledge that a) I'm thinking these thoughts, b) they're generating particular emotions in me, c) there are also accompanying physical sensations, and d) I'm remembering a past family gathering that didn't go well. However, *at the same time*, I can elect to put that aside, step out of my mind and participate in the reality of a moment that's meaningful to me, using my five senses to absorb the immediacy of the experience.

ACT is guided by six connected processes that are addressed through the use of metaphors and interactive exercises for improved retention and resonance, making it a very engaging model. These include the four mindfulness processes – acceptance, cognitive defusion, contact with the present moment, and self-as-context – along with behavioural change processes related to values and committed action. *Acceptance* is the willingness to have an experience as it is rather than as one would like it to be. It is the opposite of experiential avoidance, avoidance of discomfort being a key factor with eating disorders. *Defusion* is a newly devised word that speaks to de-fusing, or becoming unstuck from our thoughts. *Contact with the present moment* encourages a focus on what is happening now versus what might happen in the future or the way things have “always” been. *Self-as-context* frees people from an identity defined by the past, allows them to see their experiences from different perspectives, and promotes the development of a transcendent sense of self with the potential to become less affected by their experiences. *Values* (meaningful beliefs), as opposed to goals (end results), are clarified and explored since the intent in ACT is less about symptom reduction and more about living a meaningful and satisfying life. *Committed action* speaks to building concrete actions that reflect one's values and that are undertaken in a mindful and meaningful manner.

Extensive research has been carried out on ACT with several age groups and populations: “ACT has been shown to be effective for a variety of anxiety disorders (e.g., Codd, Twohig, Crosby & Enno, 2011), mood disorders (e.g., Zettle & Rains,

1989), substance use disorders (e.g., Hayes et al., 2004), psychotic disorders (e.g., Gaudiano & Herbert, 2006), eating disorders and weight issues (e.g., Juarascio, Forman & Herbert, 2010), impulse control disorders (e.g., Woods, Wetterneck, & Flessner, 2006), personality disorders (Gratz & Gunderson, 2006), as well as issues confronted in behavioural medicine (Gundy, Woidneck, Pratt, Christian, & Twohig, 2011)” (Twohig, 2012: 504-505). CBT has received its fair share of endorsements as a “go-to” treatment model for many mental health concerns including eating disorders. Interestingly, research comparing ACT to CBT suggests that “empirically, so far, ACT has done as well as or better than CBT, even in terms of clients feeling better, although that is not the goal. A life well lived is the primary outcome of interest and is defined in the context of the client's chosen values and is based on evidence that the client is acting on those values in his or her life” (Luoma, Hayes & Walser, 2007: 215). While research on ACT with eating disorders is not abundant, the promising outcomes suggested to date are often related to ACT's focus on personal values and the commitment to acting with values-based behaviour (e.g. Manlick, Cochran & Koon, 2013; Juarascio et al., 2013; Juarascio et al., 2017).

ACT is a model this writer has been drawn to for its playfulness as well as its ability to address significant issues and create meaningful changes. In my own practice with people struggling with eating disorders, I've witnessed inspiring shifts in how people come to view themselves more compassionately, how they increase their confidence in their ability to withstand uncomfortable emotions, how they align with what they believe in and choose to develop a more flexible relationship with food and with Life. Although I've never been a believer in providing psychotherapy with a “one size fits all” approach, my work is increasingly being influenced and reinforced by ACT and the impact it has had on the people with whom I've been fortunate enough to work.



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(The Association for Contextual Behavioral Science, main ACT website which includes where to find an ACT therapist or a peer study group, international)