

Further Delineating the Applicability of Acceptance and Change to Private Responses: The Example of Dialectical Behavior Therapy

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In the last decade, empirical support has emerged for therapies emphasizing mindfulness and acceptance. Increasingly, clinicians are integrating these strategies into clinical packages that have traditionally focused on change and control of cognitive content. The authors suggest that a mindfulness/acceptance approach is grounded in a set of basic assumptions that are not compatible with strategies that focus on change and control of private responses. The authors illustrate this point using the example of Dialectical Behavior Therapy (DBT). Inclusion of cognitive change strategies with mindfulness to address cognitive content creates a contradiction that is theoretically unworkable and experientially confusing. The authors describe a form of DBT in which cognitive change strategies are replaced with the principles and practices of Acceptance and Commitment Therapy (ACT) as an approach to private responses, and cognitive content in particular.

Keywords: Dialectical Behavior Therapy, DBT, Acceptance and Commitment Therapy, ACT, mindfulness, acceptance.

Several fields of science (e.g., physics and neuroscience) have moved beyond mechanistic and mentalistic paradigms to explain everything from the basic components of the universe to the functioning of the “mind.” These changes have begun to influence the discipline of behavioral sciences as well, having influenced what has been heralded as the “third wave” in cognitive-behavioral therapy (Hayes in Hayes, Follette, & Linehan, 2004). Our thinking has been expanded beyond the limitations of the current cognitive approach (Hayes, Strosahl, Wilson, 1999) to include mindfulness and acceptance as important aspects of a complete treatment strategy for various distressing states. While a number of key figures, including Marsha Linehan, Steven Hayes, Neil Jacobson, and Robert Kohlenberg, have focused on acceptance and mindfulness in their work for several decades, only in the past ten years has there been wide-spread consideration within the cognitive-behavioral tradition of mindfulness and acceptance as important aspects of a complete treatment strategy for various distressing states.

Consideration of philosophical assumptions is important when clinicians attempt to integrate new strategies into traditional treatment packages, in order to avoid confusion at the level of theory and experience (Hayes, Strosahl, & Wilson, 1999). We suggest that while the movement toward integrating acceptance and mindfulness into traditional cognitive-behavioral practices is a step in the right direction, it is also important to think critically about the compatibility of the basic assumptions implicit within these various approaches. To illustrate this point, we will use the example of Dialectical Behavior Therapy (DBT), both because of our dedication to this therapy and because it is one of the earliest examples of the attempt to integrate acceptance and change strategies into a coherent treatment package.

As its name suggests, DBT is grounded in a dialectical perspective on reality and experience. That is, the world is in constant flux and ever changing, and individuals are continually in transition. An individual's current knowledge sets the occasion for his or her next act, and the consequences of that action refines his or her knowledge of self, others, and the world. This never-ending cyclical relationship between what the individual knows and what he or she does leads to successive approximations toward or away from reality.

DBT identifies and attempts to address a meaningful dialectic of human experience, however, by including strategies aimed at changing or controlling the content of private experience, it generates a contradiction that is both theoretically and experientially unnecessary and which may limit the effectiveness of this treatment. While strategies for changing and controlling private experience may not appear to be a major emphasis in DBT, they are presented as interventions both in the individual therapy and skills group. This article addresses this theoretical weakness and, as an alternative, presents a contextual behavioral approach to conducting DBT that is both theoretically sound and clinically effective.

Life Worth Living: The Therapeutic Goals of DBT

DBT is one of only a few therapies with empirical data documenting significant change in behaviors of multi-problem individuals as a result of participating in treatment (Linehan, Armstrong, Suarez, Allmon, and Heard, 1991; Linehan, Heard, & Armstrong, 1992; Linehan, 1993a; Linehan, Tutek, Heard, & Armstrong, 1994)¹. It was originally developed by Linehan (1993a) as an intensive outpatient program involving four major treatment modalities: skills group, individual psychotherapy, telephone consultation, and consultation group. The overriding goal of all interventions and the primary commitment of participants is to develop a life worth living. Given the workability of past attempts to cope with distress (e.g., self-harm, suicidal gestures, bingeing and purging), participants commit to using alternative solutions that do not put their psychological well-being, physical health, or life in jeopardy. In the skills group, they learn to notice thoughts and feelings as private responses that accompany rather than entail experience. They learn to use their private experience as a source for communicating about, validating, and motivating their behavioral responses in the world. They also learn how to respond to stress in times of crisis in a way that promotes continuity in lifestyle rather than accentuates chaos and distress. Finally, participants learn to create a balance between their priorities and the demands placed on them by their environment. Toward that end, they are taught to observe their own limits by learning to say “no” and to make requests (Linehan, 1993b).

DBT therapists balance strategies of acceptance (e.g., reflective listening, validation, cheerleading) and change (e.g., skills training, contingency management, cognitive restructuring) within the context of a supportive, validating, therapeutic relationship to facilitate movement toward a meaningful life. Therapists embody this way of being in all contexts including the skills group, individual therapy, and telephone consultation.

Dialectics: The Theoretical Basis of DBT

DBT emphasizes a balance of acceptance and change in order to assist individuals in their efforts to develop lives worth living. A philosophical perspective of dialectics is used to reconcile the seemingly incompatible truths emphasized in a Western technological perspective of change and control and an Eastern focus on mindfulness and acceptance. Fundamental to this balance is the philosophical perspective of dialectics. In dialectics, an idea or theory called a thesis elicits an opposing idea or theory called an antithesis—a reaction to the failure of the thesis to account for aspects of reality that it may have neglected or diminished. The resolution of the tension between these apparently incompatible theses reduces each to a component of the synthesis, which cancels while preserving them, and elevates them to higher level of understanding (Popper, 1963). In the development of ideas and the progression of life, dialectics is a never-ending process in which a newly developed truth or perspective serves as the thesis in a new dialectic triad.

As articulated by Linehan (1993a), a dialectical worldview suggests that one must take a view of the whole in order to provide meaning to any of its parts. It implies that reality, rather than being static and fixed, is constantly changing. It is always in flux and replete with apparent contradictions. On the one hand, one must be tolerant of inconsistencies (acceptance), and on the other hand, be diligent in one’s attempt to search for a synthesis of apparent contradictions (change).

Dialectical Perspective on Human Experience in DBT

Linehan (1993a) suggests that a major difficulty related to individuals who experience emotional dysregulation is that they lack a dialectical perspective on experience, and thus become caught or stuck in intense affect or mood-dependent thoughts. When dysregulated, they get caught up in “either/or” thinking, becoming preoccupied with one pole of an apparent contradiction. For example, in the moment, such an individual may respond to thoughts such as “I wish I were dead” as if these thoughts were facts when, all things being equal, he or she is committed to developing a life worth living. Teaching individuals to keep present and in contact with both poles of such apparent contradictions is a goal of treatment.

Critique of Dialectical Perspective

A dialectical perspective must meet certain requirements in order to be useful. First, contradictory theses must be meaningful. Hocutt (1994), in his comments on social constructivism, illustrates this with the following example: “Coral snakes are dangerous and coral snakes are beautiful” is a meaningful contradiction, whereas “Coral snakes are dangerous and coral snakes are harmless” is a meaningless contradiction. This latter statement is not meaningful because both parts of the statement cannot be simultaneously true. Likewise, a system or a theory must avoid meaningless contradictions in order to be useful.

Second, it is important that two competing or contradictory theses be resolved by synthesis. Popper (1963) points out that the tendency in dialectical philosophy to allow contradictory positions to remain without a synthesis undermines the Law of the Exclusion of Contradiction. Contradictions are fruitful in the development of thought or theory only to the degree that they lead to and provide the incentive for resolving them. Tolerance of contradictions in dialectical philosophy jeopardizes the foundation of intellectual progress in general and scientific investigation in particular. In fact, Popper (1963) suggests that if contradictions are tolerated, the new logic of dialectics would mean the end of logic.

...[I]f a theory contains a contradiction, then it entails everything, and therefore, indeed, nothing. A theory which adds to every information which it asserts also the negation of this information can give us no information at all. A theory which involves a contradiction is therefore entirely useless as a theory. (p. 319).

The Meaningful Dialectic in DBT

DBT stipulates on the one hand that thoughts are not facts. That is, private experience is not necessary and sufficient causally to explain an individual’s behavior. Thoughts and feelings can be observed rather than reacted to. On the other hand, DBT also recognizes the apparent contradictory position that thoughts and feelings are often necessary and sufficient to causally explain an individual’s behavior. That is, subjectively, individuals often feel compelled by thoughts or feelings (e.g., suicide ideation, urges to self-injury) to act in a prescribed manner (e.g., taking an overdose of medication, using a razorblade to self-harm). Thus, thoughts are not facts and often individuals are fused with their thoughts. This apparent contradiction is meaningful both because the statements can be simultaneously true and their synthesis is apparent.

The Meaningless Dialectic in DBT

As a comprehensive intervention for individuals with multiple problems, DBT attempts to address these apparently contradictory truths of human experience via acceptance strategies (e.g., mindfulness, radical acceptance) and change strategies (e.g., contingency management, cognitive restructuring). However, the solution proposed by DBT—i.e., the inclusion of cognitive change strategies with acceptance strategies

introduces a meaningless dialectic. A closer examination of these strategies as presented in DBT will further clarify this meaningless contradiction.

The emphasis on mindfulness in DBT is intended to teach participants that while it is a fact that they have thoughts and feelings, the content of their thoughts and feelings is not real in the way that a chair is real. A chair exists in three dimensions—it takes up space, maintains a unified existence over time, and can be physically impacted. Consciousness lacks spatial properties altogether. One never asks what is the shape, size, volume, or density of a mental state. The spatial characteristics of our experience belong to the objects experienced not the experience itself (McGinn, 1999). Unlike chairs, a person does not have to walk around or move aside thoughts or emotions. In fact, it is a fallacy to believe that one can.

Individuals who practice mindfulness learn experientially that the content of their mind is not the problem. Having a thought or emotion is to have a valid experience and is not something to be evaluated. From the perspective of DBT, evaluating private experience is the first benign step into the verbal trap—a habit that is trained into children in their verbal communities (Linehan, 1993a; Hayes, Strosahl, & Wilson, 1999). “Good” thoughts are to be held on to and “bad” thoughts must be changed or banished. Unfortunately, attempts to suppress or hold on to private experience have a paradoxical effect (Hayes et al., 2000; Wegner, 1994). Reacting to private experience tends to lead to an infinite cycle of reacting to reactions, where one private experience (i.e., a thought, feeling, or sensation) sets the occasion for the next private experience (e.g., “I shouldn’t have taken that”...“I shouldn’t be so hard on myself”...“I’m just making excuses”...“I am so bad”...intense urges to cut...). An individual who practices mindfulness develops an increasing ability to notice and willingness to *have* private experiences rather than to *react* to them. Mindfulness, thus, trains participants in DBT to take a different stance—i.e., a stance of acceptance—toward their private experience.

The presentation of cognitive modification and restructuring in the original text seems to indicate ambivalence toward these interventions and may reflect an attempt to not marginalize DBT from traditional cognitive behavioral therapy. Thus, as one of the earliest and first attempts to introduce a radically different approach to cognitive content within this tradition, DBT may suffer an identity crisis. On the one hand, Linehan states (1993a, p. 359) “DBT does not include a self-contained module consisting primarily of structured activities aimed at cognitive change. She give two reasons for this: first, challenging clients regarding the rationality of their thoughts can be experienced as invalidating; second, many participants do not have the skills necessary to do the basic tasks of traditional cognitive therapy. On the other hand, Linehan does review the use of cognitive modification in DBT stating that this approach trains individuals to evaluate their thoughts and to challenge content where it is judged “irrational”—a stance that directly contradicts the approach to content taught in the Core Mindfulness skills. When engaged in cognitive modification, the therapist attempts to reinforce and affirm the “individual’s valid and functional beliefs, expectation, rules, and interpretations—that is, validate aspects of the individual’s characteristic cognitive content and cognitive style” (Linehan, 1993a, p. 359). Within this context she goes on to describe how cognitive modification is used to assist participants to evaluate and change both cognitive content and style.

Focus on change and control of private experience, while minimal, is also evident in skills training material dedicated to Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness (Linehan, 1993b, pp. 118, 136). A number of Distress Tolerance skills are stated in a manner that suggests participants are to change their private experience (i.e., “Push away”, and “other Thoughts” in ACCEPTS). Emphasis on changing cognitive content is also encouraged during training of Emotion Regulation and Interpersonal Effectiveness skills. Worksheets engage participants in exercises in which they are to develop counters or challenges to myths about emotions or interpersonal situations.

By including cognitive modification with mindfulness, DBT implicitly introduces a meaningless dialectic: “Content is not the problem, accept it”, and “Content is the problem, change it”. The use of

cognitive change strategies in DBT exacerbates rather than resolves the problems that arise as a result of fusion with thoughts. Changing and controlling content actually reinforces fusion rather than extinguish it.

A Contextual Approach to Human Experience

A contextual perspective offers strategies for addressing the original dialectic identified in DBT without introducing the meaningless contradiction introduced by the inclusion of a cognitive change perspective. As a descriptive theory, the strength of dialectics is its ability to explain the development of thought and experience over time. In DBT, dialectics is the basis for understanding an individual's past experience and is the foundation of validation. However, a shortcoming of descriptive theories is that they show little ability to establish influence on future developments (Hayes, Strosahl, & Wilson, 1999). Knowledge based in past learning is not itself necessary and sufficient causally to account for a person's next action. Rather, meaningful action occurs as a result of a person selecting reasons for action based in past learning (Searle, 2002), or stated differently, acting for reasons based on stated ends (Hayes, 1996).

A contextual approach to cognition encompasses the dialectical approach of DBT and resolves the meaningless dialectic inherent in the cognitive change perspective included in DBT as originally articulated. This is the case both at a theoretical and practical level. Rather than approaching cognition (or any private event) as if it is an independent variable that can be changed or controlled, a contextual perspective suggests that private experiences, like overt behavior, can only be understood meaningfully in the context in which it occurs (Hayes & Hayes, 1992; Martell, Addis, & Jacobson, 2001). From this perspective, the function rather than content of cognitions is the primary focus of analysis. This perspective considers thoughts as dependent variables in need of explanation. For example, a student thinking about the concept of entropy when taking a comprehensive physics exam has a very different function or meaning than when he or she is preoccupied with this concept while attending a required meeting addressing changes in the student handbook.

From the practical level, individuals learn acceptance of and willingness to have private experiences regardless of content. They are taught to notice rather than react to thoughts and emotions. They develop awareness that, on the one hand, it is a fact that they have thoughts and on the other, that their thoughts are not facts—i.e., that they can learn to transcend the subjective experience that private experiences are necessary and sufficient to cause behavior (Hayes, Strosahl, & Wilson, 1999; Searle, 2002). This perspective emphasizes change in the realm of independent variables, and acceptance toward *private* experiences such as thoughts and emotion, regardless of content. When implementing cognitive change strategies, reliance on rationality becomes an important variable and individuals are encouraged to change and control their private experience. Acceptance, however, is the only viable stance in this realm¹. Direct attempts to change private experience fail. In fact, the more you do not want a private experience, the more you have it (Hayes, Strosahl, & Wilson, 1999, p.122). Efforts to change are most applicable to the contexts or environments in which behaviors, private or public, occur.

The notion that one can change and control his or her private experience is so pervasive that further delineation of this point is required. Obviously, individuals can “do things with words,” to use Austin's phrase (1962) and thoughts. For example, a person can use thoughts to calculate percentages, plan a future, or develop a floor plan. Just as obvious is the fact that these are not the type of thoughts that cause most individuals' distress. Thoughts that are related to distress are uninvited, intrusive thoughts—private experiences that the individual cannot control and struggles to be rid of. In fact, the perceived inability to change and control these particular types of thoughts play a major role in many individuals' experience of distress.

A contextual approach provides a theoretical framework that both honors the reality of private experience and the desire of individuals to influence their thoughts and feelings, without falling into the trap of direct attempts at changing and controlling them. On the one hand, it avoids the problem of mentalism

(e.g., homunculus fallacy, lack of independent variable to influence) while maintaining the primacy of subjectivity in human experience. On the other hand, it offers a position from which subjective experience can be influenced that steers clear of the pitfalls of materialistic theories (e.g., physicalism, identity theory) which reduce it to epiphenomenon.

Context, Mindfulness, and Distress

Principles for intervening with individuals in distress must take into account the fact that distressing thoughts and feelings cannot be changed. Thoughts and feelings are under contextual control and either one must attempt to avoid them (i.e., suppress them) or learn to take an attitude of acceptance toward them. As stated earlier, there is growing evidence that the former approach is not effective, whereas the latter is (Wegner, 1994). Therefore, our approach to DBT replaces cognitive change strategies with contextually-based principles. This approach to DBT is heavily influenced by the principles outlined in Acceptance and Commitment Therapy (ACT) developed by Steven Hayes (Hayes, Strosahl, & Wilson, 1999). That is, we are “ACTing” in DBT. This alters the function and perspective of the skills taught in DBT. The aim of acceptance strategies (i.e., Core Mindfulness and Distress Tolerance) is to develop openness toward private experience, detachment from the content of thought, and willingness to live with whatever shows up in the present moment. Change strategies focus on commitments to practicing behaviors that keep participants in contact with people, places, and events that make them vulnerable to the various consequences that accompany engaging in “meaning full” actions in the world. The dialectic is thus transformed from “Content of mind is not the problem, accept it/Content of mind is the problem, change it” to “Content of mind is not the problem, accept it/Content of mind is experienced as problematic, defuse from it. The synthesis involves taking one’s troublesome content with him or her as he or she engages in committed action.” This enables the individual to make wise choices as a function of being mindful of thoughts, feelings and urges, while staying in contact with the demands of the present moment. Rather than the present setting the occasion for an individual to mindlessly engage in over-learned, historically established responding, he or she makes choices in the gap between private experiences and responding while remaining in contact with contingencies associated with directly experiencing this moment.

The goal of being present with and accepting private experience has significant implications for intervening with individuals who present with phobic reactions to private experience. Such individuals are taught via mindfulness, metaphor, and indirect exercises (i.e., physicalizing, paradoxical intention) to be aware of habitual reactions to distressing private experiences, and to be willing to have them rather than attempting to stop, change, or control them. Thus, learning mindfulness involves two processes, 1) practicing being present, and 2) being willing to remain in contact with and accepting of whatever comes to focus of attention, including urges to avoid (Nairn, 1999). Noticing in the face of historically established private experiences allows a person to learn and practice new responses.

ACT-Based Dialectical Behavior Therapy

Integrating the principles outlined in ACT into DBT impacts various components of the therapy. While a contextual stance is evident in the Core Mindfulness skills, our approach has significant implications for the other DBT skill areas (Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness) and the individual therapy.

Our approach to DBT emphasizes a synthesis of acceptance and change via the therapeutic relationship. It differs from traditional DBT in that rather than operating from a cognitive-behavioral perspective, it is best understood as a contextual behavioral approach. A cognitive-behavioral approach

emphasizes change and control of private experience, and rationality as the important outcome criteria. In contrast, this perspective emphasizes acceptance as the only viable stance toward private experience, and function and workability as the outcome criteria for evaluating effectiveness.

Mindfulness

The Mindfulness skills are the primary avenue for teaching participants how to notice rather than react to their private experience. Given their inability to control their thoughts and feelings, participants are taught that the only thing they can control is what they attend to. Thus, mindfulness practice promotes the discipline or regulation of attending. With practice, participants learn to bring attending under stimulus control of the present rather than having what the individual attends to be captured by the past, future, or reactions to the present. The goal of mindfulness is to develop an unattached awareness of experience. In other words, it is training in perspective-taking. For example, when doing mindfulness exercises, participants are taught to focus on a support (e.g., candle flame) and notice when they become distracted. When individuals become aware of being distracted, they gently return their focus to the support. Rather than one's attending under the control of the valence (positive or aversive), novelty, familiarity, or intensity of a stimulus, individuals learn to notice all stimuli and return their awareness to the support. During mindfulness exercises, participants are coached to be open to all things and to focus on the one thing selected for the mindfulness practice. These exercises serve to familiarize participants with the ability to discriminate awareness of experience from being fused with experience itself across stimulus conditions. With practice, individuals learn to simply *notice* urges and thoughts, which is a very different experience from *having* urges and thoughts. They find themselves standing between the urge or the thought and the habitual behavior that in the past inextricably followed. They discover a sense of self as perspective (Hayes, Strosahl, & Wilson, 1999) or self as point-of-view (Searle, 2001).

Figure 1 illustrates how the mindfulness exercises train participants in increasing levels of discrimination. It is with repeated practice and experience of this perspective-taking that a sense of self under private control begins to emerge. Mindfulness exercises focus on various environmental stimuli (e.g., auditory, visual, tactile, olfactory, and gustatory) and private experiences (e.g., thoughts, emotions, sensations). Over time and repeated practice the common variable across stimuli is the sense that in every case "It is I who notice..." and "It is I who chooses to notice..." Thus, with mindfulness practice, participants learn that evaluating private experience is the first step into the trap of change and control and that only by taking a stance of acceptance toward experience can they make wise choices. In the process, participants re-establish emotion, thoughts, and a sense of self under the control of private experience (see Kohlenberg and Tsai, 1991, Kohlenberg, Hayes & Tsai, 1993, and Hayes, Strosahl, & Wilson, 1999 for radical behavioral conceptualizations of the sense of self).

I choose to notice the candle flame
 I notice the flame
 Thinking a thought (set occasion for second thought-oriented to thoughts)
 Thinking a second thought
 I notice that I am thinking thoughts.
 I choose to notice the flame
 I notice the flame
 Hearing noises (set occasion for orienting to noises)
 Hearing a second noise
 I notice I am hearing noises.
 I choose to notice the flame
 I notice the flame
 Feeling a tickle (set occasion for orienting to bodily sensations)

Feeling a second tickle

I notice I am feeling a tickle
 I choose to notice the flame
 I notice the flame
 ...
 I notice I am...
 I choose to notice...
 I notice...

Figure 1. Practicing Awareness of Perspective

Distress Tolerance

Distress Tolerance skills are presented as an extension of Mindfulness skills and are the second set of skills taught in the sequence. Building on the foundation of mindfulness, the activities categorized as Distress Tolerance skills—e.g., “Compare” or “Contribute” skills of DISTRACT, or “Imagery” or “Relaxation” skills of IMPROVE (Linehan, 1993b)—are presented as the equivalent of the anchor in a mindfulness exercise. When in distress, the Distress Tolerance activity becomes the focus of attention. Rather than attempting to avoid or control distressing thoughts or emotions, the individual is trained to attend to the support (e.g., Activities, opposite Emotion). When distracted by distress, the individual’s goal is to notice and acknowledge the distress and return his or her focus to Distress Tolerance skill. The individual is encouraged to participate in one Distress Tolerance skill after another. Typically, the individual becomes mindful in the midst of an activity that he or she is no longer distressed, having become preoccupied with a support rather than the distress. The individual has become focused on doing an activity (process) rather than vigilant to a particular state (outcome). Emphasis is placed on accepting experience and being involved in one’s environment rather than attempting to change or control private experience.

Figure 2 illustrates the impact of applying Distress Tolerance skills for an individual in acute distress. Often, when approaching the therapist for skills coaching, the individual describes having repeated the same behavioral pattern under a particular set of contextual or environmental conditions with little or no change in level of distress. The individual describes having done one activity (e.g., lying in bed, sitting on the couch), ruminating on the same thought content (e.g., “I’m an awful person,” “I don’t deserve to live”), and feeling the same emotions (e.g., sadness, dysphoria). Inquiry about the effectiveness of continuing in this experience (i.e., lying in bed, thinking “I am awful,” and feeling dysphoric) brings the individual in contact with past consequences suggesting that things do not get “better” and often get “worse.” For example, (see Figure 2) an individual’s Experience A is comprised of Behavior A (e.g., lying in bed), Thought content A (e.g., hopelessness), and Emotion A (e.g., depressed mood). If he or she continues Behaviors, Thoughts, and Emotions A, he or she can expect to continue to have Experience A. Distress Tolerance skills aim to recontextualize Experience A, *not* change it. By accepting that one cannot *not* have the thoughts and feelings he or she is already having in this moment, the individual takes these experiences with him or her while engaging in a Behavior B (e.g., Activities, Contribute) or attending to Thought B (e.g., read a book, count to 100), or exposing himself or herself to cues that increase the probability of Emotion B (i.e., read a joke book, watch a funny movie). Typically, this results in a transformation of Experience A into Experience B. This transformation occurs by focusing on acceptance and process rather than focusing on change and outcome.

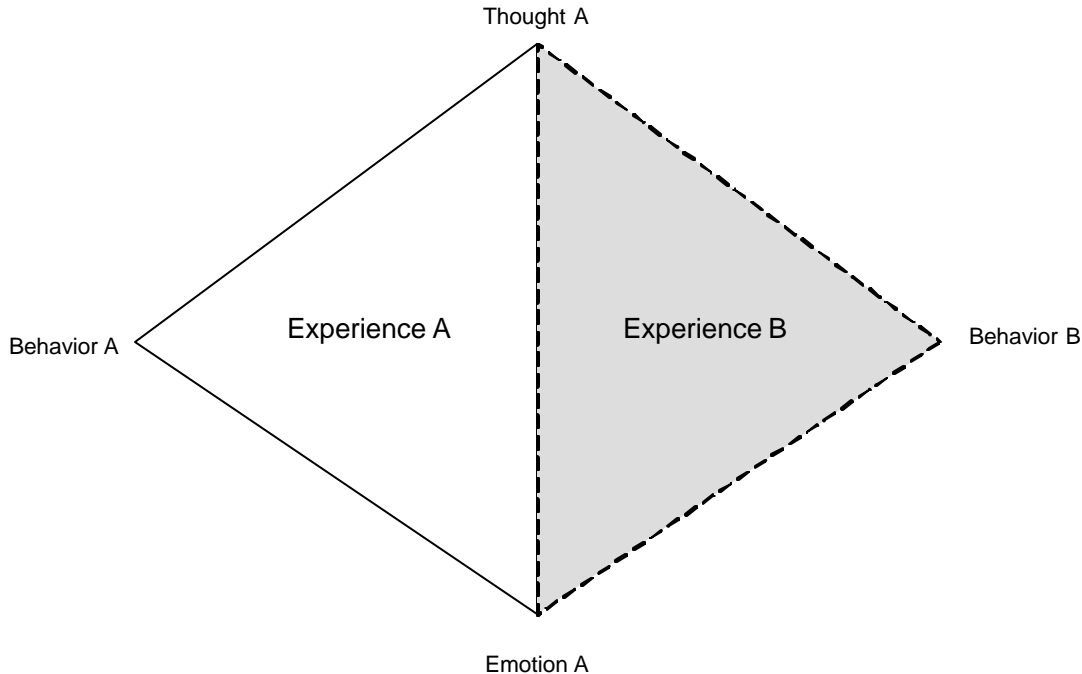


Figure 2. Recontextualizing Experience

Emotion Regulation and Interpersonal Effectiveness

DBT presents the Interpersonal Effectiveness and Emotion Regulation skills areas as change strategies (Linehan, 1993a, 1993b). For the most part, the emphasis on change in these skills areas, as originally outlined, is on behaviors in context, be it related to private experience (Emotion Regulation skills) or interpersonal interactions (Interpersonal Effectiveness skills). Nonetheless, from a contextual perspective, the focus of change is not on the private experience, but on the stance toward the experience and the workability of behavioral responses to it. Thus, in our approach to DBT, myths regarding interpersonal relationships and emotions are presented as thoughts to notice rather than to counter or challenge. Individuals are coached to notice how often these thoughts are evoked, and to notice the contexts associated with them. Once they begin to notice, they are in the position to decide if they will continue to respond as if their thoughts are facts or begin to practice a different behavioral response. Further, when teaching Opposite-to-emotion-action (Linehan, 1993b), a critical element of Emotion Regulation skills, participants are coached to take their emotional state with them as they engage in effective living. They are validated for having their emotional responses and coached to do what works, not what feels genuine or rational.

Individual Psychotherapy

In our approach, the individual session is guided by the DBT targets of treatment, and typically begins with a review of the diary card. The contextual emphasis on noticing also influences the organization and use of this self-monitoring tool. Most indices identified for tracking on the diary card are defined in terms of a private experience and the behavioral action that has become associated with it. For example, an individual who struggles with self-injurious behavior will rate both the urge to cut and the associated action taken. This is also the case for private experiences, such as depressed feelings and urges to isolate (i.e., both the urge to isolate and the degree to which the individual acted on the urge are rated). Preliminary data

suggest that with practice of noticing rather than reacting, individuals learn to notice private experience without feeling compelled to action (Holmes et al, in progress). Frequently, if individuals practice noticing urges without acting on them for six to 12 months, the intensity and frequency of urges are significantly reduced.

In the individual session, participants are first taught, and subsequently coached to take a functional approach to experience. The therapist is vigilant to the function of verbal exchanges with the individual and guards against getting caught up in his or her verbal content. The therapist attempts to respond in a way that does not recapitulate in the therapy session the interactions between the individual and his or her verbal community—interactions that have inadvertently reinforced ineffective patterns of relating (Kohlenberg & Tsai, 1991). Reciprocal and irreverent communication styles continue to represent the poles of a dialectic which is blended or synthesized in the moment-to-moment interactions with the client. The function of these response classes is to promote cognitive defusion, acceptance, living here-and-now, experiencing self as point-of-view, identifying meaningful ends and taking committed action.

When emotionally dysregulated, individuals are frequently unable to experience dialectically. In such moments, the first task of the DBT therapist is to identify the “truth” represented by the individual’s present stance (e.g., suicidal ideation or gestures as a habitual response to painful emotions). An understanding of the individual’s learning history brings the therapist in contact with experiences that have elicited, reinforced, and generalized his or her responses. The therapist’s behavior leaves the individual with the sense that the therapist both understands and sees the validity in his or her reactions. That is, the therapist communicates his or her sense of the validity of the individual’s desire to distance himself or herself from what is experienced as overwhelming and unrelenting painful private experiences by the only means he or she knows. By acknowledging the validity in the individual’s perspective, the therapist facilitates acceptance and is able to create a context which increases the probability that the individual will be able to synthesize the two apparently contradictory positions (e.g., “I feel like being dead” and “I am working to live effectively.”). Thus, in any one interaction of this nature, the therapist assists the individual in being mindful of and finding resolution to a particular dialectical dilemma and, over time exposes the individual to and reinforces the skill of dialectical experiencing in general.

The most pronounced difference between DBT as originally presented and the contextual approach described here is the stance taken toward individuals’ cognitions. Most cognitive-behavioral approaches assume that cognitive content is causally associated with struggles related to emotion and behavior. Typically, the cognitive therapist assists an individual in examining the rationality of troubling thoughts and coaches the individual to develop counters or challenges to them.

Various forms of psychotherapy conceptualize private experiences, whether conscious (e.g., some ego functions, cognitive products) or unconscious (e.g., id, object representations, cognitive schema) as sufficient causal conditions for human behavior. Therefore, if the behavior is irrational or ineffective, these theories imply that the private experience must be changed. These models fall prey to the various problems associated with mentalism (e.g., homunculus fallacy, lack of independent variable to influence).

In one sense, psychoanalytic and cognitive therapies are a step in the right direction with regard to private experience. For example, in psychoanalysis treatment is deemed complete and successful when the analysand is able to experience life from a different perspective—that suggested by the analyst via interpretation. So, too, in cognitive therapy, success is conceptualized as a result of additions to the individual’s cognitive schema related to self, others, and the future. Via interpretation or logical analysis, these therapies bring the individual in contact with alternative perspectives and provide practice living from these perspectives. Implicit in the facilitation and practice of an alternative view is the ability to choose between views. However, our approach suggests that the focus on content be abandoned altogether and that the explicit and primary emphasis of treatment be placed on the experience of perspective-taking and

choosing. This requires using each interaction and exercise as an opportunity to develop awareness and practice choosing wisely. Success is conceptualized in terms of the individual's ability to accept present thoughts and feelings and to choose wisely in light of valued ends. Content is not the issue. From this perspective, cognitive therapy strategies, to the degree they are effective, may actually be providing training and repeated practice at managing attention rather than changing content. For example, when troubling "Thought A" ("I am dirty") invades awareness, the individual is being taught to selectively attend to "Thought B" ("I am clean").

By shedding cognitive change strategies and emphasizing acceptance and willingness toward private responses, a thoroughly contextual DBT becomes theoretically sound and consistent in its approach to private experience. It is consistently functional and more reflects clinical behavioral analytic principles and practices. The implications, while subtle, are profound when working with individuals who continually struggle with historically established responses to thought content and emotion. It provides a more consistent approach toward thoughts and emotions for the clinician conducting DBT, both in the skills group and individual sessions.

This perspective focuses on acceptance toward private experience and workability as the criteria of import. Emphasis is placed on developing a temporal perspective, using the past to make wise choices in the present in order to accomplish successive approximation toward a meaningful future.

Conclusion

Dialectical Behavior Therapy (DBT) is an empirically supported treatment for persons experiencing emotional dysregulation. As originally articulated, DBT includes cognitive change strategies, and as such introduces an irreconcilable contradiction—two opposing approaches to the content of mind that suggest stances toward private experience that cannot be meaningfully reconciled (i.e., "Content is not the problem/Content is the problem"). A functional contextual approach avoids this dilemma in a way that honors the subjectivity of consciousness, without introducing the mistakes of mentalism.

In this paper we illustrate this point by examining DBT as an example of a comprehensive treatment package that integrates mindfulness with its emphasis on acceptance of private experience and cognitive modification strategies that focus on change and control of thoughts. We argue here that content of mind cannot be both, "not the problem," and "the problem." We suggest that acceptance is the only viable stance toward thoughts and emotions an individual is already having. In order to promote this consistent approach to private experience, we integrate ACT principles into DBT, thus avoiding this unworkable contradiction.

A review of publications from the Linehan research group over the last decade seems to indicate a tendency to diminish the role of cognitive restructuring in DBT (e.g., Sayrs & Linehan, 2001; Koerner & Linehan, 2002). For example, Koerner and Linehan (2002) state that problematic beliefs are not challenged via a traditional cognitive modification strategies (e.g., hypothesis testing, experimentation), but rather through dialectical persuasion. Their description of dialectical persuasion is similar in nature to strategies described elsewhere that seek to avoid an individual's verbal behavior under the control contingencies in the moment and that, via verbal behavior (e.g., shared stimulus class, transfer of stimulus functions) keep the individual in contact with contingencies associated with his or her direct experience outside the therapy office (McCracken & Holmes, 2001; Miller, 1991). Thus, the DBT therapist shows genuine curiosity, by highlighting discrepancies between various beliefs, actions, and values of the individual (Koerner & Linehan, 2002). With this shift from hypothesis testing and challenging to curiosity, emphasis is placed on consciousness-raising (Prochaska, Norcross, & DiClemente, 1994) and perspective-taking which facilitates opportunities for deliberation or what DBT calls being in "Wise Mind."

As a consultant to various community-based and private practice DBT programs, the first author has observed the tendency of practitioners to fit DBT strategies and principles around the core of their established cognitive-behavior or psychodynamic approach. These approaches have theoretical assumptions that are incongruous with aspects of DBT and are vulnerable to same critique outlined in this paper. Second, as more data and literature becomes available regarding the benefits of mindfulness, there is increasing interest on the part of clinicians to include this practice into their therapy. These attempts to integrate acceptance and mindfulness into other traditional therapies, particularly those that focus on manipulating cognitive content may also contain similar conceptual confusion.

Hayes stresses the importance of theorizing in psychology (Hayes, Strosahl, & Wilson, 1999). Consideration of philosophical assumptions is important when clinicians consider integrating new strategies into traditional treatment packages in order to avoid confusion at the level of theory and experience.

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Footnotes

¹ DBT is a structured therapy with specified protocols and a “language” that will be familiar to those who have encountered it, but may not be meaningful to those who have not. This article makes references to specific concepts and techniques within DBT using the language of DBT. Readers unfamiliar with this language are referred to Linehan’s text (Linehan, 1993a) and manual (Linehan, 1993b) for detailed explanations.

²We suggest that acceptance of events in the world is ultimately a private experience.