Acting with compassion

Abi Millar talks to **Frank Bond** about occupational health psychology, acceptance and commitment therapy, and more

As an occupational health psychologist, you are interested both in the larger functioning of a workplace and in the individual workers' well-being. What would you say were the perils of focusing on one without the other?

Well, you could design the work environment such that it promotes good performance, at least in the short term, but in the long term this can lead to lots of stress, burnout, staff turnover, and in fact a lack of productivity. And if you only looked at trying to improve well-being, then you may have a happy staff, but it's not going to be a very productive one. Fortunately, there are things that can be done to enhance productivity and well-being simultaneously.

It's very well established that the more control a person has over their work, the better the outcomes in the workplace in terms of both health and performance. And one thing that my research has shown is that people who are higher in psychological flexibility are better able to identify the control that they do have. They are better able to get the most out of work environments and the design that exists in a given situation.

One way in which you promote this psychological flexibility is through training workshops in ACT – acceptance and commitment therapy. This is part of the so-called 'third wave' of cognitive behavioural therapies – how does it differ from the therapies that came before it?

ACT very much comes from the cognitive behavioural tradition, in that it shows the importance that thoughts and beliefs have on people's emotions and behaviour. I think the difference is that whereas there used to be a lot of focus on changing the content of people's beliefs, these new-generation therapies focus instead on trying to change the relationship that people have towards their beliefs and other psychological events, such as feelings and memories. The aim is to treat them from, say, a more mindful perspective as opposed to having to change the beliefs themselves.

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So it's a question of standing back from your thoughts, and viewing them as thoughts, rather than tackling them head on. Is the content of these beliefs altogether unimportant?

What is ultimately important is the workability of the beliefs and the feelings that you have; to what extent they help you lead a vital fulfilling life. There are certain thoughts and beliefs about oneself or about the world that can help you to get what you want in life, and there are other types of beliefs and feelings that perhaps can get in the way. Where those beliefs become barriers, they need to be distanced. People need to accept them mindfully as thoughts, not for what they say they are. There is no ontological truth criterion here – the truth of a thought is the degree to which it's going to help you achieve what you value in life.

Suppose I successfully distanced myself from my negative thoughts. Might this not achieve, indirectly, what traditional CBT strives for directly? Would I think those negative thoughts less often and replace them with more helpful ones?

Yes, it's possible. That is likely to be the case, but not necessarily. For example, I have had a number of clients throughout the years who have obsessive compulsive disorders – they had to check the hob for five minutes in a very ritualised way before they left the house. And we're able to change their behaviours so that they no longer do that, but interestingly – and this is one of the things that got me into ACT in the first place – when I asked one of my clients, 'So is it that you don't think you need to do this checking anymore?' she said, 'Oh no, I still think that I do, but it's just that I don't buy into those thoughts.' In other words, she still had those thoughts and feelings very frequently, but she learnt that she didn't need to pay a lot of attention to them. She was more mindful in her stance towards them.

It's interesting you use the term 'mindful', because this is a word a lot of people would associate with Buddhism. I'm assuming there are no religious influences here, but rather a sort of convergence of ideas. How would you define mindfulness as it applies to ACT?

I think there are various definitions. One could see it as an ability to notice the thoughts and feelings and physiological sensations that one has and not having to buy into them or to alter them in any way; but to see them as kind of a process, of a train of ideas that one can view but not have to go in and struggle with or change.

Buddhism, obviously, stems from a long religious tradition whereas ACT and all of the third-wave CBTs come from a very empirical scientific tradition, but it is interesting to see that both Buddhism and ACT use a similar technique. Even more interestingly, the concept of mindfulness is one that's found in every major religion that we know about, even Christianity. Practices such as prayer are definitely consistent with enhancing or facilitating mindfulness.

How do the training workshops help instil mindfulness?

In the workshops that we have developed and tested in the workplace, there are three sessions, in groups of 10 or 12 colleagues, each lasting three hours. The goal of these sessions is to invite people to think about the degree to which the strategies that they've used to deal with their thoughts and feelings have worked for them in their lives. Usually they recount that they've tried to avoid or decrease their negative thoughts in order to be happier. And what they typically see is that those attempts don't work either reliably or for a long time.

That opens up the psychological space where they can see that perhaps there's another way of approaching the unwanted thoughts and emotions. We give people a lot of different techniques and strategies that they can use to take a mindful perspective, so they can move through those thoughts that say 'I can't do it' or 'You're not good enough', or 'You'll always fail', and still go ahead and get their degree, or apply for a promotion, or take on another project.

What about if people don't want to divulge personal information in front of their colleagues? Is there a case to be made for individual therapies?

I designed this system with a colleague about 12 years ago, and we were very careful at the time to ensure that we did it such that people did not have to disclose things about themselves. Most of the time when ACT is used it is used one-on-one, and it's obviously effective that way, but we've also seen that it can be just as effective in a group kind of situation, at least for problems such as anxieties or low-level depression in the workplace.

What about for more serious psychiatric conditions?

Well, we obviously wouldn't want to treat a serious psychiatric illness in a group setting in the office, but certainly individually ACT is used for very serious problems. There have been lots of studies using ACT for things like depression and anxiety and psychosis, trichotillomania, obsessive compulsive disorders, schizophrenia. Another big area is chronic pain, and indeed the NHS uses ACT a lot in its chronic pain centres, so it's very effective there. A lot of research has gone on over the last 10 years examining its efficacy with those problems.

What would you say underlies this transition into a new wave of cognitive behavioural therapies? Developments in the theory, or empirical evidence that the old way wasn't working as it should?

It's a bit of both. Psychologists for at least a hundred years have seen that trying not to think of something is counterproductive, so there's been research like that going on. But there's also been research looking at the mechanisms by which cognitive behavioural therapy's second wave works.

People had hypothesised that the treatments worked because they changed thoughts from being dysfunctional to being more functional. What the studies and experiments found, however, was that that didn't seem to be the case; that people improved before their thoughts changed, and that sometimes people's thoughts didn't change at all. What is more, any change in thinking, if it even occurred, did not account for or mediate the improvements. So this was consistent with basic laboratory research, pointing to the fact that it was not necessary or maybe even possible to change people's beliefs or suppress their thoughts.

The research into ACT, however, is thus far consistent with the hypothesis that it is working for the reason that it says it should.

In research terms, are we still in early days?

You know, I think we're at a tipping point. I think without a doubt ACT has gotten a foothold, and I think that it is growing and expanding, and I think that it is probably well bedded down now. It's just a matter of doing the research and rolling it out, across different types of problems and across institutions. We haven't yet seen a situation or an industry or context in which it has not been effective.

Do you think then that ACT, and related therapies, are on track to replace second-wave CBT altogether?

That's an open question – we'll have to see. But one reason I have a lot of confidence in ACT and other third-wave CBTs is that it developed from a basic science. It developed from the relational frame theory of language and cognition. That is very helpful because you're probably tapping into something that is actually workable. You have a bedrock.

One problem with the second-wave CBTs is they didn't develop from basic cognitive science. They were developed by psychiatrists who, while brilliant in being able to identify patterns and relationships, were not basic cognitive scientists. And that's a problem I think, and it's coming to fruition now in the sense that the reasons why they should be working are not being borne out by the research.

What would you say were the limitations of ACT, if any?

I think one of the most difficult things in using something like ACT is that it's very different. It's presenting people with a very different strategy for dealing with their unwanted thoughts and feelings, and that could be a good thing for some people, in that it's so radical they really take to it and see it. For other people it's much more difficult to take on board.

ACT works, however, and it works for the reasons that it should work. It works because it enhances psychological flexibility and acceptance; the degree to which people can move towards their goals and values even when they experience unhelpful thoughts and feelings. It helps them to head in the direction that will perhaps facilitate a more vital life.

Has ACT helped you in your own life?

Well, I'm Head of our Psychology Department, so it helps me to stay focused on what I need to do without yelling and screaming at people! A bit more seriously, in the course of using ACT in my own life, I have come to observe that the more accepting I am of my own fears and unkind thoughts, the more kindness and compassion I feel for other people. That, in turn, makes me feel more compassion for myself, and the issues that I struggle with. This all makes sense in terms of ACT theory, but to actually experience it in my own life is very powerful. I now hear my mind saying that I sound like some new-age hippie, but I promise you I'm not!

Find out more

Frank Bond is Professor of Psychology and Head of Department at Goldsmiths, University of London. For more information and publications, see www.gold.ac.uk/psychology/staff/bond – for example:

Flaxman, Paul E., Blackledge, J.T. & Bond, Frank W. (2010). *Acceptance and Commitment Therapy: Distinctive Features*. London: Routledge.

Abi Millar is now a features writer at Progressive Digital Media. She conducted this interview while on a work placement with The Psychologist.