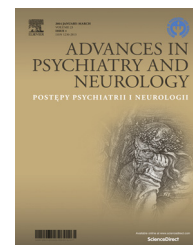


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Review/Praca pogładowa

Problems of behavioral therapy, part II/Problemy terapii behawioralnej, część II

## Experiential avoidance as a functional dimension of a transdiagnostic approach to psychopathology



*Unikanie doświadczenia jako funkcjonalny wymiar transdiagnostycznego podejścia do psychopatologii*

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## ARTICLE INFO

## Article history:

Received: 06.01.2014

Accepted: 10.04.2014

Available online: 18.04.2014

## Keywords:

- Diagnosis
- Psychotherapy
- Acceptance and commitment therapy
- Experiential avoidance
- Relational frame theory

## Słowa kluczowe:

- diagnoza
- psychoterapia
- terapia akceptacji i zaangażowania
- unikanie doświadczenia
- teoria ram relacyjnych

## ABSTRACT

**Objectives:** The aim of the article is to examine the hypothesis that cognitive and behavioural processes that maintain various mental disorders are common across these disorders. The practical implication of such an approach to psychopathology will be illuminated in the context of acceptance and commitment therapy. **Background:** Mental disorders are traditionally perceived and classified as separate diagnostic categories, analogous to somatic disorders. In the field of psychiatry categorical approach faces serious challenges, such as frequent comorbidity. A growing body of empirical evidence supports the hypothesis that common processes may maintain various mental disorders. Studies have shown a strong correlation of experiential avoidance with several measures of psychopathology. These findings single out experiential avoidance as an important transdiagnostic process present in numerous mental health problems. **Conclusions:** Grouping symptoms into diagnostic categories may be a useful approach as long as separate units are results of separate pathological processes. An alternative way of diagnostic assessment consists in identifying and measuring processes that lead to psychopathology, regardless of how they manifest at the level of symptoms. The authors of the article propose to unite both approaches into one diagnostic system which could provide clinicians with both possibilities to categorize symptoms and to measure transdiagnostic processes. Such a system would facilitate the choice of therapeutic strategies, especially within the area of psychosocial interventions. In this context, experiential avoidance seems to emerge as a promising candidate for the basic functional dimension of psychopathology.

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<http://dx.doi.org/10.1016/j.pin.2014.04.002>

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Similar to somatic disorders, mental health problems have been traditionally viewed as separate diagnostic categories and classified as such. The categorical approach to mental disorders has been to some extent effective in clinical work and enhanced the effectiveness of psychiatric treatment in previous decades [1]. However, classification of symptom in the psychiatric treatment says little about the underlying processes as classifications of mental disorders are not based on etiological criteria. This approach to treatment is not consistent with methods applied in other branches of medicine where the diagnostic process is often used as a signpost pointing to specific pathogenic processes underlying symptoms. An important negative aspect of the categorizing of mental disorders is the phenomenon of social stigmatization and self-stigmatization of psychiatric patients, which has in itself become a secondary etiological factor and which negatively moderates the effectiveness of treatment [2-4].

Within the area of psychiatry, the categorical approach meets a serious challenge in the form of frequent comorbidity of mental disorders. Epidemiological studies unambiguously indicate that comorbidity of mental disorders is a rule in clinical practice rather than an exception [5-9]. Fewer than 20% of the patients suffering from mental disorders meet the criteria of only one diagnosis on the first DSM axis [10]. The high rate of comorbidity is explained in the literature in various ways. One of the causes might be a partial overlapping of the criteria for various diagnostic categories, as is the case with mood disorders and anxiety disorders [11].

Another cause of the high correlation between certain mental disorders might be a sequential relation, which means that one disorder is also a risk factor for another [12]. However, an increasing body of evidence supports the hypothesis that common cognitive and behavioural processes underlie different mental disorders [13]. The aim of this article is to present the hypothesis and to review the basic empirical data supporting it. Further, practical applications of such an approach are examined in the context of possible psychotherapeutic interventions, with the focus on acceptance and commitment therapy (ACT).

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### Clinical limitations of diagnostic categories

Comorbidity of mental disorders makes the choice of the best treatment method a real challenge, especially in the present situation where the lists of evidence-based therapies have become increasingly long, and contain a continuously growing number of highly specialized interventions aimed at the treatment of specific diagnostic units. At the same time, meta-analyses of psychotherapy research show that differences in efficacy of various interventions are small and often result from common and contextual factors [14-17].

This similar efficacy of different therapeutic models based on entirely different theoretical assumptions suggests that the change occurs due to the common cognitive and behavioural processes which are different from the processes proposed in the theoretical frameworks of those therapies [18]. This is not only a theoretical issue. Not questioning the proven efficacy of any of those interventions, the clinician often faces not only a dilemma which intervention

to choose, but also which condition to treat first: depression or social phobia, post-traumatic stress syndrome or substance abuse, eating disorder or agoraphobia, etc.? The situation becomes even more complicated when the clinical presentation contains also comorbid somatic symptoms, such as chronic pain. The results of psychotherapy research give no answer to the question about the best method of combining and sequencing the existing treatment protocols. Nor do they give an answer to the question of the extent to which "evidence-based" interventions are useful in the treatment of patients not meeting the criteria for specific disorders, because this population does not usually participate in randomized controlled trials. Looking at the problem from this perspective, the need for more global and universal models of psychopathology as bases for treatment seems to be quite evident.

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### An alternative view of psychopathology – the functional transdiagnostic approach

An alternative to the categorical view of psychopathology is the transdiagnostic approach, which is not an attribute of a specific theoretical orientation. However, as the authors are in favour of evidence-based medical practice, the transdiagnostic approach will only be discussed in the context of the cognitive behavioural therapies since for the time being they reach the strongest empirical status in treatment of a wide spectrum of mental disorders [19, 20]. A comparative analysis of transdiagnostic view of psychopathology in different theoretical orientations is beyond the scope of this article. Moreover, the authors wish to emphasize that the "transdiagnostic approach" must not be confused with "adiagnosticity" and has nothing to do with the ongoing debate on the usefulness and value of medical classifications, which is to be found in the literature [21].

The transdiagnostic view focuses on investigating the processes underlying psychopathology in a functional way, without either negating the accuracy of existing diagnostic categories or being guided by them. The goal of the transdiagnostic approach is to discover basic processes underlying a wide spectrum of psychopathological phenomena, and to develop interventions targeting these processes. The transdiagnostic approach is an embodiment of one of the basic heuristic methodological principles of science – the Ockham's razor. According to this principle, science should aim at explaining phenomena by using as fewest theories, models or concepts as possible, without multiplying them more than necessary for the correct understanding [22]. Even if the existing diagnoses were accurate, it would not automatically mean that they are the simplest approach to psychopathology, both on the explanatory and on the pragmatic level. As the history of science shows, even if done most precisely and accurately, classifying phenomena does not explain the laws that govern them. For example, the classification of animal species does not in itself explain their diversity, but the theory of evolution does.

The empirical foundations of the transdiagnostic approach to mental disorders are rooted in the very beginning of experimental psychology. Research conducted by first

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