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Journal of Contextual Behavioral Science

journal homepage: www.elsevier.com/locate/jcbs

Empirical Research

The application of a cognitive defusion technique to negative body image thoughts: A preliminary analogue investigation

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ARTICLE INFO

Article history:

Received 15 July 2014
 Received in revised form
 2 February 2015
 Accepted 27 February 2015

Keywords:

Acceptance and Commitment Therapy
 Emotion regulation
 Cognitive defusion
 Decentering
 Body dissatisfaction
 Body image

ABSTRACT

The purpose of the current analogue experiment was to investigate the impact of a cognitive defusion strategy, rapid vocal repetition, on self-identified negative body image thoughts. Undergraduate students ($N=254$) were randomized to one of five protocols: defusion condition with an experiential exercise for a self-identified negative body image thought, defusion without such an experiential exercise, distraction with an experiential exercise with the target thought, distraction without such an experiential exercise, and an experimental control task. At post-intervention, the defusion condition with an experiential exercise with the target negative body image thought showed significantly lower discomfort associated with that thought than distraction conditions and experimental control group, and this condition demonstrated greater decentering than the distraction condition without experiential exercise and the control group. The defusion condition with the experiential exercise with the target thought also demonstrated a greater reduction in believability than the other four conditions. Overall, our findings highlight the importance of including rapid vocal repetition of a target body image thought when trying to change the discomfort, believability, and decentering associated with that thought.

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1. Introduction

In our weight- and appearance-focused society, negative body image thoughts are normative experiences for both women and men (Striegel-Moore et al., 2009). Clinically, how one responds to and relates to negative body image thoughts is crucial, as it can be associated with a range of mental health issues, such as disordered eating symptoms (Polivy & Herman, 2002; Striegel-Moore & Bulik, 2007) and depression (Wiederman & Pryor, 2000).

Coping strategies for body dissatisfaction generally aim to alter its form (content) and frequency (Cash, Santos, & Williams, 2005; Farrell, Shafran, & Lee, 2006; Wade, George, & Atkinson, 2009). For example, cognitive restructuring strategies are designed to change body dissatisfaction in these dimensions via highlighting positive physical features of the self and evaluating the costs of endorsing an unattainable ideal body image (Stice, Shaw, Burton, & Wade, 2006). Other cognitive behavioral approaches aim to identify irrational or maladaptive aspects of body image thoughts, challenge their veracity,

and positively reframe them (Cash & Lavalley, 1997; Shafran, Farrell, Lee, & Fairburn, 2009). Among other techniques, distraction, the purposeful act of shifting attention away from a distressing event to another less emotionally distressing event or situation (Cohen, Cousins, & Martin, 2013; DeMore & Cohen, 2005; Gross, 2002), is found to be an effective strategy to cope with body dissatisfaction (Wade et al., 2009).

Although the effects of these strategies are encouraging, a growing body of evidence suggests that changing the content and occurrence of dysfunctional thoughts can be extremely challenging (Farrell et al., 2006; Vanderlinden, 2008) and even counterproductive (Onden-Lim & Grisham, 2013; Smart & Wegner, 1999; Wilson, Lindsey, & Schooler, 2000). Furthermore, recent behavioral models suggest that it is not necessary to modify body dissatisfaction thoughts in form or frequency for promoting greater psychological health (see Hayes, Villatte, Levin, & Hildebrandt, 2011).

1.1. Cognitive defusion

Cognitive defusion is the behavioral process of modifying the stimulus functions of a given private event by altering the situational and historical context where it occurs (Blackledge, 2007; Luoma & Hayes, 2008). Stimulus function in the present study refers to the emotion, cognition, and behavior regulatory role that

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¹ A copy of the complete intervention manual is available from the second author.

a given private event has in a given context (Hayes & Wilson, 1995). The concept of cognitive defusion is derived from a contemporary behavioral theory of complex human behavior, called Relational Frame Theory (RFT; Hayes, Barnes-Holmes, & Roche, 2001), and its applied extension, Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 2012). A key tenet of RFT is that the stimulus functions of a given private event in a given moment are contextually determined, depending on the ongoing interaction of that private event with the historical and situational contexts in which it occurs (Anderson, Hawkins, & Scotti, 1997; Hayes & Brownstein, 1986; Hayes & Wilson, 1995). In ACT, therapeutic techniques, which are particularly designed to alter the stimulus functions of private events, are called cognitive defusion strategies (Luoma & Hayes, 2008).

A growing number of studies have demonstrated the positive effects of various cognitive defusion techniques (Healy et al., 2008; Hooper & McHugh, 2013; Levin, Hildebrandt, Lillis, & Hayes, 2012; Luciano et al., 2014). One of the most studied defusion strategies is rapid vocal repetition, which is often referred to as the “Milk–Milk–Milk” exercise (Hayes, Strosahl, et al., 2012, p. 248–250). In practice, the variations of this defusion exercise are used, depending on relevant, but slightly distinct purposes (Hayes, Strosahl, et al., 2012). For example, in some therapeutic contexts, a rapid vocal repetition exercise might consist of a clinical rationale (e.g., brief narration entailing behavior regulatory effects of difficult private events and the distinction between oneself and one’s thoughts) and training (i.e., rapid vocal repetition of a neutral word, “milk”) only. This form of rapid vocal repetition exercise appears to help the client become aware of a defused experience perhaps for the first time, and the stimulus functions of a specific thought are targeted somewhat indirectly. More specifically, following the clinical rationale and training, the defused experience with the neutral word (e.g., “milk”) is framed hierarchically or in coordination with the targeted difficult thoughts (Blackledge, 2007; Hayes, Fox, et al., 2001).

In other occasions, the target thought to be defused is identified and the rapid vocal repetition is directly applied to that specific thought, following a clinical rationale and training with a neutral thought (Hayes, Strosahl, et al., 2012; Masuda, Feinstein, Wendell, & Sheehan, 2010). The aim of this form of defusion is to alter the stimulus functions of the target thought by directly altering the context where it occurs (Masuda, Feinstein, et al., 2010).

An important point to be highlighted here is that there are in fact variations of the Milk–Milk–Milk exercise that are used for different purposes, and that even the original ACT treatment manual (Hayes, Strosahl, et al., 2012) does not always require the rapid vocal repetition of a target thought to be part of the exercise. More specifically, in the original ACT manual, Hayes, Barnes-Holmes, and Wilson (2012a) simply noted that following the clinical rationale and rapid vocal repetition of a neutral word, “This exercise can also be done with a negative thought that is troubling a client if the thought can be shortened to a couple of words” (p. 249).

Research has shown that the rapid vocal repetition strategy, when delivered with all three components (i.e., clinical rationale, training with a neutral thought, and rapid vocal repetition of target thought), decreases discomfort and believability associated with a target thought (i.e., negative self-referential thought) more so than clinical rationale and training alone (Masuda, Hayes, Sackett, & Twohig, 2004; Masuda et al., 2009; Masuda, Feinstein, et al., 2010;) or a distraction strategy (Masuda, Feinstein, et al., 2010; Masuda, Twohig, et al., 2010). However, Masuda, Feinstein, et al. (2010) also reported that the defusion strategy with all three components was not equally effective across all participants, and that in some individuals, the clinical rationale and training (i.e., rapid vocal repetition of a neutral thought) only demonstrated effects comparable to the defusion condition with all three components.

1.2. Cognitive defusion and negative body image thought

In regards to the effects of cognitive defusion strategies on body dissatisfaction, evidence remains limited. For example, although body dissatisfaction was one of the most commonly self-identified thoughts in a previous defusion study (Masuda, Feinstein, et al., 2010), over 70% of participants in the study identified a negative self-referential thought unrelated to their own body dissatisfaction (e.g., “dumb”). One study (Deacon, Fawzy, Lickel, & Wolitzky-Taylor, 2011) examined the effects of rapid vocal repetition technique on the thought of *being fat* and its related negative self-referential thoughts (e.g., “lazy”). The defusion condition in the study consisted of the combination of all three components in addition to the completion of a homework exercise (i.e., defusion exercise) during the following week. Results demonstrated that the defusion condition produced substantial improvements in emotional discomfort, believability (i.e., perceived accuracy/truth of the thought), and perceived importance of not having the target thought of *being fat* at post-intervention. Additional improvement in the *perceived importance* of not having the thought of *being fat* was found at post-homework.

1.3. Decentering and cognitive defusion

In addition to emotional discomfort and believability, which have been studied extensively in previous defusion studies (De Young, Lavender, Washington, Looby, & Anderson, 2010; Masuda et al., 2004, 2009; Masuda, Twohig, et al., 2010; Watson, Burley, & Purdon, 2010), it is important to investigate the impact of rapid vocal repetition on the extent to which one experiences a target thought as simply a mental event rather than as oneself. In psychology literature, this functional aspect of private event is referred to as decentering (Feldman, Greeson, & Senville, 2010; McCracken, Gutiérrez-Martínez, & Smyth, 2013; Mennin, Ellard, Fresco, & Gross, 2013). Decentering, although varying in definition across investigators, is often defined as “the ability to observe one’s thoughts and feelings as temporary, objective events in the mind, as opposed to reflections of the self that are necessarily true” (Fresco, Moore, et al., 2007, p. 234).

Decentering is particularly relevant to the present research context for three major reasons. First, the improvement in decentering is conceptualized to be a defining process of change in acceptance- and mindfulness-based interventions (Fresco, Segal, Buis, & Kennedy, 2007; Hayes et al., 2011; Mennin et al., 2013; Segal, Teasdale, & Williams, 2004), including ACT (McCracken et al., 2013). ACT aims to promote psychological flexibility, the ability to be open, present-focused, and aware and to change or persist in behavior when doing so serves one’s values and goals (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Using the constructs of self-as-content, self-as-process, and self-as-construct, ACT highlights the significant role of decentering (e.g., looking at a thought, not looking from a thought, experiencing self as context where thoughts come and go) in the promotion of psychological flexibility. Additionally, the extant literature explicitly states a conceptual link between decentering and rapid vocal repetition exercises in ACT (Luoma & Hayes, 2008; Masuda et al., 2004; McCracken et al., 2013; Mennin et al., 2013), although its empirical link has not been fully investigated.

Second, previous defusion studies have not adequately measured decentering associated with a target thought, although the believability scale was designed to at least partially capture this functional aspect (Masuda et al., 2004; Masuda, Twohig, et al., 2010). For example, Masuda, Twohig, et al. (2010) pointed out the extreme likelihood that the believability scale measured how true or valid the *content* of the thought is, not the extent to which a given thought was experienced as a mental event. For the concerns raised by Masuda, Twohig, et al. (2010), Deacon et al. (2011) used the believability scale as a measure of accuracy or truth of the negative body image thought.

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