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Where's the beef?: Reply to Kanter, Holman, and Wilson

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ABSTRACT

This is a brief reply to [Kanter, Holman, and Wilson's \(2014\)](#) critique of our analysis of alexythimia, a behavioral deficit. First, we clarify the purpose of our original article. We also present a case for why analyses such as ours, which consider multiple functions of complex verbal behavior in intimate relationships (i.e., establishing operations, discriminative stimuli, response repertoires, and reinforcing functions), falls under the umbrella of contextual behavioral science. We also discuss some broader issues raised by Kanter and colleagues, such as private events, the need for middle-level terms and the role of behavior–behavior relations in contextual behavioral science.

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1. Introduction

We admit that we had some trouble parsing the critiques offered by [Kanter, Holman, and Wilson \(2014\)](#) addressing our analysis and treatment suggestions for the behavioral deficit termed alexythimia. The title we chose for our response reflects the fact that we have only minor “beefs” with Kanter et al. and for the most part cannot identify substantial, i.e., “beefy”, critiques of our original article ([Darrow & Follette, 2014](#)). We will address the five issues that seem most relevant to their response.

2. Purpose of our original article

First we would like to clarify the purpose of our original paper. Our purpose was to apply learning theory and the principles of Functional Analytic Psychotherapy ([Kanter, Tsai, & Kohlenberg, 2010; Kohlenberg & Tsai, 1991; Tsai et al., 2009](#)), a therapy based on learning theory, to address a clinical problem that heretofore has not been the subject of a clinical behavioral analysis. Alexythimia is a clinical label that we did not redefine, as Kanter and colleagues suggested (2014, section 1.2, paragraph 5). The etymology of the word is literally without (Gr. “a”) words (Gr. “lexis”) for emotions (Gr. “thumos”) and describes the topography of the behavioral deficit quite accurately. This psychological construct

was defined in the context of therapy almost 40 years ago based on observations of individuals in psychotherapy who did not speak about emotions ([Sifneos, 1975](#)), and the label is still recognized today ([Rodriguez, 2014](#)). Thus, this original definition focused on the absence of publically observable emotional expressions. It was our goal to provide an analysis of this construct using behavioral principles that have direct implications for treatment.

3. Issues with definitions

While [Kanter et al. \(2014\)](#) made the distinction between contextual behavioral science (CBS) and behavior analysis in contrasting our approaches, we do not think this is the appropriate comparison. Applied behavior analysis (ABA) is the term used to refer to the application of behavioral principles, such as reinforcement, to changing human behavior. ABA has had a profound impact on the lives of many individuals whose repertoires are markedly impaired (e.g., individuals with autism and serious mental illness). However, many of these applications were done within restricted environments or instances where the topography, or form, of a behavioral problem was of obvious clinical importance (e.g., head banging). Given the nature of these problems, much headway was made without the need to understand many complex repertoires that are of interest to clinicians working with adults that do not have these severe limitations. On the other hand, clinical behavior analysis (CBA) is the term that refers to the application of these same principles in less controlled settings, such as outpatient psychotherapy. [Dougher and Hayes \(2000, p. v\)](#) differentiated CBA from ABA by explaining that CBA adheres to

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behavioral principles while focusing “on the use of verbally based interventions to verbally competent clients who seek outpatient treatment.” It is to this latter field that our analysis of alexithymia belongs. While the accusation that the study of emotions has been left out of applied behavioral analysis may be somewhat accurate, it is a decidedly inaccurate view of clinical behavior analysis where emotions are very clinically important behaviors.

Distinguishing between clinical behavior analysis (CBA) and contextual behavioral science (CBS) is less clear. If one examines various statements of contextualism dating back to [Pepper \(1942\)](#), through [Hayes, Hayes, Reese, and Sarbin \(1993\)](#), and up to the definition stated in the first volume of the *Journal of Contextual Behavioral Science* (JCBS; [Hayes, Barnes-Holmes, & Wilson, 2012](#)), it is clear that contextualism continues to grow in scope and complexity. We are well aware that all three authors of the mission statement of JCBS, quoted by [Kanter et al. \(2014\)](#), have been strong advocates for a science of human behavior that goes well beyond the limitations found in radical behaviorism, particularly with respect to verbal behavior and rule governance. This vision for JCBS (v.1, p.1) lists over a dozen and a half features that fall under the umbrella of contextual behavioral science. Many of the features have multiple facets. While it is an admirable goal for JCBS to include articles that demonstrate this broad scope, it does not seem possible to address all of those aspects in one article. [Dougher and Hayes \(2000\)](#) situated clinical behavior analysis squarely in the middle of functional contextualism. While the JCBS editorial board may grapple with what constitutes an adequate unit of analysis and level of complexity, we believe that our paper that considers emotion as establishing operations, discriminative stimuli, response repertoires, and reinforcing functions established in the context of interpersonal relationships falls well under the umbrella of CBS. There are certainly evolving opinions on the role and epistemic status of private events (cf. [Anderson, Hawkins, Freeman, & Scotti, 2000](#); [Friman, Hayes, & Wilson, 1998](#)). Time will tell, but we would lament seeing clinical behavior analytic papers that address issues of behaviors that function to build more intimate relationships defined as of insufficient scope to be included in contextual behavioral science.

4. Where is the love?

The [Kanter et al. \(2014\)](#) criticism of our paper as being another behavior analysis that avoids the topic of emotion seems misdirected given the focus of our paper is precisely the development of an effective emotional verbal repertoire that can have establishing, response, and reinforcing stimulus functions. This misdirected criticism seems to have arisen from our treatment of private events. Kanter et al. stated that the starting point for their analysis is a physiological reaction (section 1.3, 3rd paragraph). We did not. We were concerned with the conditions that might leave one without a verbal repertoire for speaking about emotions, a repertoire that is essential to intimate relationships.

[Kanter et al. \(2014\)](#) also state that the “addition of a private response (albeit a behavioral concept, a respondent) to the analysis is a first step beyond the ...analysis offered by Darrow and Follette” (section 1.3, 3rd paragraph). We disagree. While we believe we constructed our analysis such that it does not deny the occurrence of private and physiological responding, readers may not fully appreciate our emphasis on public events. This was a pragmatic decision. Although, Kanter et al. wrote that private events associated with emotions are “clinically obvious” (p. 12), we disagree. For us, it is the public events that are obvious, they are the events that we and others can observe, and our emphasis on these events was a pragmatic one in line with a contextual philosophy of science. “An analysis need proceed only to the point at which successful action can be based on it.” ([Hayes & Brownstein, 1986, p. 178](#)).

[Kanter et al. \(2014\)](#) focus on the refrain of “where is the love?” We argue that one can substitute many words for “love” in the therapy and analysis we supplied. It is up to the therapist to create the conditions that would give rise to a variety of emotional tacts or labels of which love might be one. “Love” is an interesting label since it is easy for people to misunderstand the term and its many uses (cf. [Fromm, 1956](#); [Lewis, 1960](#)). Creating the conditions in therapy where the client can develop a repertoire for expressing emotion in the context where others can appropriately respond is exactly what we are addressing. Our position includes love for our clients, their struggles, and efforts. It also includes building or establishing a verbal repertoire in clients that includes liking, frustration, wanting, annoyance, admiration, guilt, and many other contextually appropriate conditions that can help communicate how one is responding to people and conditions in their lives. “Where is the love?” may be a catchy title, but it does an injustice to the depth, breadth, and nuances required of a fully functioning verbal repertoire.

5. Role of behavior–behavior relations

[Kanter et al. \(2014\)](#) also state that their CBS approach differs from ours by including an analysis of relevant behavior–behavior relations via relational frame theory (RFT; [Hayes, Barnes-Holmes, & Roche, 2001](#)).

CBS emphasizes not just environment–behavior relations ... but also the rich, more private world of behavior–behavior relations ([Hayes & Brownstein, 1986](#)): How events within the skin influence and give meaning to other events within the skin, and how all of these relations in turn are contextually controlled by environment–behavior relations. This analysis, in large part, is that which is offered by relational frame theory (RFT) of arbitrarily applicable stimulus relations and transformations of function ([Hayes et al., 2001](#)). (section 1.3, paragraph 4).

Our interpretation of the Hayes and Brownstein article on behavior–behavior relations differs from that explained by [Kanter et al. \(2014\)](#). Rather than encouraging the examination of behavior–behavior relations, we interpreted this article as a clarification as to why behavior analysts, clinical or otherwise, should be wary of these relations, while pointing to ways that emotions and cognitions could be included in analyses that avoided behavior–behavior relations:

Our point has been that the primary radical behavioral objection to mentalism (other than literal dualism) is a metatheoretical one. Nondualistic analyses based on mental causality usually boil down either to pseudophysiologicalizing, to theorizing based on hypothetical constructs, or to elevating disguised behavior–behavior relations to causal status. ([Hayes & Brownstein, 1986, p. 187](#))

Although our everyday language supports the ease of distinguishing between behavior and thoughts and feelings, [Hayes and Brownstein \(1986\)](#) pointed out that it is not that easy to distinguish among these, especially without evoking a dualistic position. Thus, the aversion of viewing feelings and thoughts as causes of behavior (of which we were accused by Kanter and colleagues (section 1.2 first paragraph)) is an aversion to a dualistic position. This is *not* an aversion to studying thoughts and feelings. Rather, these are viewed as the dependent variables to be understood ([Skinner, 1945](#)).

Our understanding of [Hayes and Brownstein \(1986\)](#) is that if behavior–behavior relations are given causal status, that is, private events can cause private events, one loses the contextualistic world view and endorses a dualistic, mechanistic world view ([Pepper, 1942](#)). If “relating” is understood as an operant, such that it explains

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