

Value component of acceptance and commitment therapy (ACT) among patients with schizophrenia

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Abstract

This short communication paper provides a critical analysis of a study conducted by El-Ashry et al. on the impact of acceptance and commitment therapy (ACT) on auditory hallucinations in patients with schizophrenia. ACT, a form of contextual cognitive behavioral therapy, aims to improve individuals' relationship with their thoughts and feelings without altering their form or frequency. The study focuses on the six core processes of ACT, which collectively enhance psychological flexibility, which are crucial for mitigating psychological inflexibility—a root cause of human suffering. The paper emphasizes the role of values in ACT, highlighting how they guide patients with schizophrenia toward meaningful life directions. It addresses the challenges these patients face, such as experiential avoidance and fusion with hallucinatory voices, which often lead to actions incongruent with their values. The study by El-Ashry et al. revealed that patients with schizophrenia often suffer from psychological inflexibility due to experiential avoidance and fusion, leading to a misalignment with their values. Furthermore, the paper discusses the methodology used in ACT sessions, including the “choice point model” to enhance self-awareness and metaphorical videos to illustrate the concept of value-driven behavior. The research indicates that recognizing and committing to personal values can significantly impact the treatment and management of schizophrenia, especially given the social and symptomatic challenges these patients face. The paper concludes by stressing the importance of starting ACT sessions focusing on values to empower patients. It underlines how value clarification and commitment to value-congruent tasks can positively influence patients' responses to their hallucinations and overall quality of life.

Keywords: *acceptance and commitment therapy (ACT), schizophrenia, auditory hallucinations, psychological flexibility, value-based interventions, experiential avoidance and fusion*

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1. Introduction

This short communication paper discusses how value sessions were so motivating for the studied patients with schizophrenia who experienced persistent auditory hallucinations. It was extracted from the original research article of El-Ashry et al. [1] about “the effect of applying ACT on auditory hallucinations among patients with schizophrenia”.

Acceptance and commitment therapy (ACT) is a contextual cognitive behavioral therapy (CBT) that focuses on improving people's relationships with their unhelpful thoughts and feelings rather than attempting to modify the form or duration of these internal experiences [2]. Psychological flexibility is “the ability to engage more completely in the present moment as a conscious human being and to change or persist in a behavior that serves valued ends.” Psychological flexibility involves six key processes, categorized into three domains: Open, Aware, and Active [3]. Even though the six processes in the model are defined as independent, they are interconnected. Consequently, if one or more of the psychological flexibility processes are absent, psychological

inflexibility is possible, which is considered a root cause of human suffering and incompetence [2, 4].

The active response was the third ACT form that seeks to help patients with schizophrenia become more engaged and active by defining and creating sets of values and using them to direct target creation and concrete action plans. Patients' values are the life paths they choose to direct their actions. As a result, values are never attained or gained, but they are always present whenever a person decides to act by them [5]. Patients with schizophrenia are entangled in fusion and experiential avoidance. They are more likely to engage in behaviors inconsistent with their values. As a result, goals are set so those patients are more likely to reach them. Small, observable, and concrete initial goals are increasingly integrated into larger patterns of committed action [6, 7].

Commitment to value-driven behavior can often lead to challenging experiences like distress, failure, and fusion. ACT helps

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patients realize that choosing a valued direction is not permanent. The choice must be made repeatedly, even after failure. Therefore, ACT helps to prepare patients for the complex feelings and thoughts that will show up due to their valued striving. It also enabled them to be more willing to “carry” those feelings and ideas to do what it takes to move in a valued direction [7, 8].

El-Ashry et al. [1] revealed that the studied patients experiencing auditory hallucinations were distressed and disabled by their voices. These voice experiences are affecting patients’ values and goals in life. The influence in patients’ lives does not come from the voices themselves but from the consequent behaviors related to the auditory hallucinations, such as experiential avoidance and fusion with the verbal content of the voices. People who have commanding hallucinations, for example, are not admitted to the hospital because they hear voices but rather they act on the hallucinations’ content [9].

In addition, negative symptoms of schizophrenia also have drastic effects on patients’ values. The National Institute of Mental Health enumerated different negative symptoms, including loss of motivation, loss of interest or enjoyment in daily activities, withdrawal from social life, and disturbed social functioning [10]. Negative symptoms affect patients’ quality of life and, consequently, values. Patients with schizophrenia have trouble planning and performing activities, such as grocery shopping, anticipating and feeling pleasure in everyday life, always being isolated from others, avoiding social interactions, suffering from extremely low energy, and spending much time in passive activities.

Both experiential avoidance and fusion were enough to make patients suffer from psychological inflexibility. That is reflected in misleading values overridden by the preoccupation with voices. It leads to a lack of value clarity, rigid attention processes, poor perspective-taking, and rigid behavioral repertoires. Moreover, the actions and behaviors taken by the voices are driven by resistance to voices rather than values [5, 11].

According to ACT, values are “verbally built, global, desired, and chosen life directions” [12]. Even though they do not correspond to symptoms described in Criteria A and B of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR) and the Fifth Edition, values are part of the “background” and the “surrounding” of schizophrenic symptoms as they are usually described and assessed [13].

There are several evidence-based interventions for patients with schizophrenia, including ACT [14]. ACT has been shown to be effective in reducing symptoms of anxiety and depression in patients with schizophrenia [15]. However, there is limited research on the use of ACT as the main intervention for patients with schizophrenia [16]. It is possible that ACT could be implemented after other interventions such as CBT, cognitive remediation therapy (CRT), or rehabilitation programs [17]. Patients could be trained to cope with positive and negative symptoms before introducing them to ACT [17]. The advantages of using ACT include its ability to target experiential avoidance and its potential to have effects on both affective and positive symptoms of schizophrenia [17]. However, more research is needed to fully understand the clinical and research implications of implementing ACT as the main intervention for patients with schizophrenia.

2. Discussion

Although ACT sessions have no definite line or specific session to start with, and there is no research discussing which session must come first, El-Ashry et al. [1] found that motivating and empowering the patients with a session of value must come first. They found that value is one of the most important sessions that must be elicited at the beginning of therapy to clarify patients’ values by asking the questions “What are the most important things in your life?” and “Your actions and responses toward voices make you close to your important things or not?” [5]. People’s choices and determining values are not responsible for their feelings; they are responsible for what they choose and their actions in their lives. The choice point model was an immensely helpful tool used by the researchers to convince and improve the self-awareness of the studied patients about the usual control agenda that they were generally using toward voices and take them away from the life they want [8].

In addition, for some patients with benevolent voices, researchers focused on how the responses toward these voices take them away from the life they want and how their lives have become due to their response to those voices. Even if the voices give them praise and pleasure, they lead to preoccupation most of the time and distraction from the surrounding environment, and that makes them feel embarrassed and ashamed. Moreover, one of the patients said, “Even the voice is good, but the actions I take are not mine; someone else is responsible for my actions. I am just a follower, and that makes me irresponsible”.

The patients in the study by El-Ashry et al. [1] were admitted to the hospital for up to one month. Therefore, the researchers developed a plan of action and goals consistent with the chosen value and applied it inside the hospital before discharge. The value as a start was compelling in making the patients apply and cooperate in therapy. In other words, the researchers found that a small part of the value at the beginning of sessions would encourage the patients to be willing to do what is essential while experiencing aversive voices even in the presence of barriers.

The researchers used the “passengers on the bus” metaphor video to show the above meaning to the patients and improve awareness about the responses toward voices and how that takes them away from the value and life they want [5]. This metaphoric video illustrated how the patients, as the bus driver, make decisions about their direction, heading toward or away from chosen values. On the bus, different passengers reflect internal experiences, like the patients’ experiences in their life journey (auditory hallucinations and associated thoughts, feelings, memories, and sensations). The metaphor emphasizes how the patients communicate with their passengers (e.g., attempting to eliminate them, agreeing with them, appeasing them, or simply observing them) and how these interactions will restrict or enhance their movement in their desired directions.

It is also important to remember that although knowing personal values can be quite empowering for people with nonpsychotic disorders who can use their resources to reorient their lives, people with psychotic disorders often have significant social issues that create obstacles to valued action (e.g., lack of friends, poverty, and unemployment) as well as the symptoms mentioned before. As a result, when dealing with values, the researcher’s usual expectations for behavior change are not so much focused on big and long-term life goals. Still, the focus is on developing a

life attitude that embodies a commitment to do any meaningful small act rather than avoidance [18].

Therefore, patients were encouraged to find small, attainable, value-congruent tasks they could complete between sessions or to experiment with doing something outside their comfort zone to understand what is meaningful to them. The researcher's focus was to make the patients complete their action value plan and practice what they learned during the session every moment they found themselves fused or responding to voice experiences with the usual control agenda.

The researcher in the study gave a sheet to the patients, along with therapy sessions, for two and three weeks (the duration of therapy session application) and that sheet was a measurement tool for the patients to make them aware of the responses that made them close to the center of the bull's eye or not [19]. The exercise of the bull's eye was applied to the patient's schizophrenia during the session on values to make patients identify and write their values in four domains of their life (Work/Education, Leisure/Recreation, Relationships, and Personal Growth/Health). Then, they locate how fully they are living their values, identify barriers that interfere with living consistently with their values, and finally create a values action plan.

One of the modified exercises used by the researcher that was powerful to overcome patients' obstacles toward a commitment to their goals consistent with their values was the "selling your voice metaphor" [20]. In the study by El-Ashry et al. [1], the researchers simulated role-play with the studied patients and other patients in the same ward. The patients held a box of papers shaped like fruits and vegetables, which contained the content of the voices that the patients experienced. After that, the researcher and the patients function as if they were selling goods in the market. The patient said, "Who buys a voice that told me you are stupid and irresponsible?" Another one said, "Who buys a voice that ordered me to do matters I don't like?" Everyone in the inpatient ward setting refused to buy those goods because it would make them suffer; now, the researcher gives the message to the patients who buy this type of voice from their minds. This way of simulation added a sense of humor to the session called "humor", and that was immensely powerful and entertaining at the same time.

3. Conclusion

This article describes how acceptance and commitment therapy (ACT) may aid patients with schizophrenia, especially those with persistent auditory hallucinations, by emphasizing value sessions early in therapy. Clarifying and linking life values to concrete action plans may motivate and empower patients. Additionally, it highlights the importance of setting small, attainable goals and using relatable metaphors and role-play in therapy. This approach may reduce symptoms and fosters a more meaningful and value-driven life for patients. The therapy sequence possesses a remarkable attribute: the researchers' ability to seamlessly transition from one session to another. This approach effectively addresses the various challenges patients face and ultimately enhances their understanding of the therapy concepts. By employing this sequential structure, the ACT protocol becomes a comprehensive and personalized experience for the researcher and the patients. Consequently, it is of utmost importance to empower individuals afflicted with schizophrenia right from the onset of the ACT sessions. This can be achieved by utilizing values

to counterbalance the positive and negative symptoms that significantly impact their overall quality of life. Doing so makes the therapy more meaningful and valuable to the patients in their journey toward recovery.

3.1. Clinical and research implications

The researchers found that initiating therapy focused on clarifying the patient's values was crucial. This step helped motivate and empower patients, setting the foundation for further therapeutic work. By identifying what is truly important to the patient, therapists can guide them toward actions aligned with those values. The study utilized effective metaphors like the "choice point model" and "passenger on the bus" to illustrate how patients can take control of their actions and responses to their auditory hallucinations. These metaphors facilitated self-awareness and encouraged patients to align their behaviors with their chosen values. The researchers also addressed the complexity of benevolent voices, highlighting how even positive voices can lead to preoccupation and distraction from valued actions. By evaluating the impact of responses to these voices on patients' lives, therapists can guide them toward more meaningful engagement.

Recognizing the social challenges faced by patients with schizophrenia, the study emphasized the importance of setting small, attainable tasks aligned with values. This approach helps patients overcome barriers and gradually commit to valued actions. The researchers introduced a measurement tool, the Bull's Eye of Value Clarification, to track patients' progress in living consistently with their values. This visual aid helped patients identify barriers and create actionable plans toward valued living. Role-playing exercises such as "selling your voice metaphor" added humor and engagement to therapy sessions. These creative approaches helped patients confront and challenge their internal obstacles, fostering commitment to valued actions. The study highlighted the importance of a flexible therapy sequence, where therapists adjust sessions based on patients' needs and difficulties. This individualized approach makes therapy more effective and meaningful for each patient.

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The authors declare no conflict of interest.

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