

Acceptance and Commitment Therapy: New Wave or Morita Therapy?

Stefan G. Hofmann, Boston University

Acceptance and commitment therapy (ACT) is an approach to treatment that includes potentially useful strategies. Some proponents of ACT view it as part of a *third wave* movement destined to replace cognitive behavioral therapy (CBT) as the dominant form of psychological therapy. This perception is problematic, because the criticism offered by ACT against CBT is based on a misrepresentation of the empirical evidence. Moreover, the strategies of ACT are not specific to the theory and philosophy underlying ACT. There are considerable similarities between ACT and Eastern holistic approaches, such as Morita therapy, which was developed 80 years ago. Future research on the mechanism of treatment change directly comparing CBT and ACT will help solve many of the current controversies. The term *third wave* in connection with ACT should be avoided.

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New ideas are good; change can be exciting. New ideas come in different shapes and forms. Some of the

Address correspondence to Stefan G. Hofmann, Department of Psychology, Boston University, 648 Beacon Street, 6th Floor, Boston, MA 02215-2002. E-mail: shofmann@bu.edu.

best new ideas trigger a paradigm shift that moves the scientific field to a new level of understanding. Isaac Newton's idea of gravity as a force between any two objects was new and revolutionary. So was Albert Einstein's idea about gravity as being caused by the curvature of the space-time continuum. His idea trumped Newton's idea because Einstein's theory could explain phenomena that Newton's theory could not. Is acceptance and commitment therapy (ACT) another example of such a revolutionary new idea destined to replace cognitive behavioral therapy (CBT)? Many proponents of ACT argue that it is part of a movement that will redefine psychology, just as the cognitive revolution redefined psychology 30 years ago.

In contrast, critics wonder if ACT is even new and whether the change process associated with ACT is different from existing approaches. The article by Arch and Craske (2008) raises this very question. These authors examined proposed differences between CBT and ACT for anxiety disorders, including the defining components of therapy, the process of treatment, and treatment outcomes, and concluded that ACT and CBT are more similar than distinct. Gordon Asmundson and I recently came to a very similar conclusion (Hofmann & Asmundson, 2008). Moreover, we argued that the critique of ACT against CBT is based on a biased and incorrect interpretation of the literature. The most significant error appears to be the claim that mediation studies falsify the cognitive model (e.g., Hayes, Luoma, Bond, Masuda, & Lillis, 2006). This claim is inconsistent with the results of a number of recent mediation analyses (e.g., Hofmann, 2004; Hofmann et al., 2007; Kendall & Treadwell, 2007; Smits, Powers, Cho, & Telch, 2004; Smits, Rosenfield, Telch, & McDonald, 2006).

Certainly, more work on the mechanism of action is needed, and more studies will need to examine the relationship between cognitive therapy and information processing studies (McNally, 2001). However, there is clear evidence supporting the basic notion of the cognitive model, suggesting that changes in cognitions mediate (i.e., cause) changes in emotions and overt behaviors (see Hofmann & Asmundson, 2008, for a more in-depth discussion on this issue).

THE THEORETICAL FOUNDATION OF ACT

Acceptance and commitment therapy is based on behavior analysis (e.g., Zettle, 2005). Specifically, it is an attempt to apply Skinner's basic conceptualization of verbal (Skinner, 1957) and rule-governed behavior (Skinner, 1969) to clinical psychology. ACT assumes that human behavior is completely determined by the environment and the context. Furthermore, cognitive processes, such as thoughts and beliefs, are considered to be mere behaviors. The notion that cognitions are causally linked to behaviors (the basic premise of the cognitive model) is rejected by ACT. This very issue is obviously at the heart of the contemporary and lively debate surrounding CBT and ACT.

The controversy over the status of cognitions in humans is certainly not new. The reader may be reminded of the critique by Chomsky (1959) of Skinner's (1957) book, *Verbal Behavior*. In this book, Skinner presented a functional analysis of verbal behavior by proposing that verbal behavior (e.g., language, speech) is under the same controlling contingencies as any other behavior. In his influential critique of Skinner's (1957) book, Chomsky (1959) argued that the scientific application of behavioral principles from animal research is overly superficial and severely lacking in explanatory adequacy, because it cannot adequately account for generative grammar and universally creative language acquisition. Furthermore, it ignores evidence for the genetic contribution of linguistic abilities. Instead, Chomsky argued that human behavior is causally linked to mental states. Moreover, he proposed that most of the important properties of language and mind are innate, and that the acquisition and development of a language is a result of the unfolding of innate propensities triggered by the experiential input of the external environment.

Chomsky may be credited with sparking the cognitive revolution and ending the era of radical behaviorism.

Behavior analysis is a direct descendent of radical behaviorism. The specific theoretical basis of ACT is relational frame theory (RFT; Barnes-Holmes, Hayes, Barnes-Holmes, & Roche, 2001), which, in turn, is based on functional contextualism (e.g., Gifford & Hayes, 1993; Pepper, 1942). This philosophical approach attempts to offer a method to integrate cognition and language into a behavioral analytic framework (Hayes et al., 2006). The theory that is derived from this philosophical view (RFT) considers language and cognition to be "the learned and contextually controlled ability to arbitrarily relate events mutually and in combination, and to change the functions of specific events based on their relations to others" (Hayes et al., 2006, p. 5). A basic assumption of RFT is that "cognitions (and verbally labeled or evaluated emotions, memories, or bodily sensations) achieve their potency not only by their form or frequency, but by the context in which they occur. Problematic contexts include those in which private events need to be controlled, explained, believed, or disbelieved, rather than being experienced" (Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004, p. 45). In essence, the philosophical and theoretical basis of ACT is a post-Skinnerian and behavior-analytic account to resolve the limitations of Skinner's radical behaviorism.

Curiously, the techniques of ACT that appear to be different from early CBT protocols (i.e., acceptance, cognitive defusion, presence and mindfulness, committed action, use of metaphors, and discussion of values) are not specifically linked to the theoretical and philosophical foundations of ACT. In fact, some old Eastern approaches promote the same or very similar strategies. Examples will be provided in the following paragraphs.

THE TECHNIQUES OF ACT: NEW WAVE OR OLD HAT?

According to Hayes and colleagues, the principal goal of ACT is to "treat emotional avoidance, excessive literal response to cognitive content, and the inability to make and keep commitments to behavior change" (Kohlenberg, Hayes, & Tsai, 1995, p. 584). This appears to be consistent with many old humanistic therapies and holistic approaches, such as Gestalt therapy (e.g., Perls, Hefferline, & Goodman, 1951).

Particularly striking is the similarity between ACT and Morita therapy (Morita, 1928; translated in English in 1998). Morita therapy, also referred to as the *psychology*

of action, was developed by the Japanese psychiatrist Shōma Morita in 1928. It was initially created for the treatment of *shinkeishitsu*, a group of anxiety-related disorders.

One of the primary goals in Morita therapy is to reach the state of *arugamama* (acceptance of reality as it is). This state includes accepting one's feelings and thoughts without trying to change them. Consistent with ACT, Morita therapy encourages patients to separate themselves from the overstimulating physical environment and to practice mindfulness techniques. As in ACT, Morita therapy does not try to alleviate symptoms. In fact, Morita therapy opposes any active attempts to regulate emotions. Instead, it encourages patients to liberate themselves from their emotional constraints, because it is assumed that it is the very efforts to change feelings that are at the core of the emotional distress. Morita therapy further encourages patients to focus their efforts toward living life well rather than to direct attention and energy to changing emotions. Similar to the emphasis on valued goals in ACT, clients in Morita therapy are asked to take steps to accomplish what is important in life even as unpleasant feelings coexist. The similarities with many of the ACT techniques, including mindfulness, acceptance of emotions, committed action, value-based behaviors, and the use of metaphors, are striking. Some of the specific overlap between ACT and Morita therapy is described in the following paragraphs.

Acceptance and Mindfulness

In ACT, patients are encouraged to accept unwanted thoughts and feelings as an alternative to experiential avoidance. Similarly, Morita therapy urges patients to *obey nature* by accepting rather than attempting to change an unchangeable situation:

What is nature? In Japan, it is natural that the summer is hot and the winter is cold. One is not in accordance with reality if one tried not to feel the summer's heat or the winter's cold. It is more natural to obey and persevere with the reality of the seasons. One day, a monk questioned Dōsan, a Zen master: "How can we avoid the arrival of heat and cold?" Dōsan answered: "Go to a place where hot and cold do not exist." The monk asked him to elaborate on this. He answered: "When it's cold, lose yourself in the cold. When it's

hot, lose yourself in the hot." This means that one can immerse the self in a state of the hotness or coldness when it is hot or cold, respectively. One can, therefore, become oblivious to temperature, as the saying, "Heat is also cool when one is in a mindless state." This is what I mean by "obedience to nature." Fearing death, disliking discomfort, lamenting calamities, and complaining of that which one cannot control are all natural human responses and emotions. These are as natural as water flowing to a lower latitude. Also one gets heaviness in the head after oversleeping, discomfort in the stomach after overeating, and have palpitations when startled. These are also governed by nature's laws and cannot be exempted from the nature of causality. These phenomena cannot be manipulated to conveniently suit one's wishes. Therefore, one needs only to obey nature. (Morita, 1998, p. 19)

Cognitive Defusion

Acceptance and commitment therapy encourages cognitive defusion in order to change undesirable functions of thoughts and other private events (such as emotions). The goal of these strategies is to make the patient realize that any attempts to control private events are part of the problem, not the solution. Similarly, Morita therapy stresses this very issue:

If a client's emotional base is ignored, any intellectual pursuit (by the therapist) only serves to increase the distance between the experiential mastery and therapeutic resolution. This inverse relationship is described by a Zen phrase, *keroketsu*, which is the state of the donkey tied to a post. That is, a donkey that is tied to a post by a rope will keep walking around the post in an attempt to free itself, only to become more immobilized and attached to the post. The same applies to people with obsessive thinking who become more trapped in their own sufferings when they try to escape from their fears and discomfort through various manipulative means. Instead, if they would persevere through the pain and treat it as something inevitable, they would not become trapped in this way; this would be similar to a donkey grazing freely around the post without getting bound to it. (Morita, 1998, pp. 8–9)

Self as Context

In ACT, patients are encouraged to adopt a sense of self as a locus of perspective that points to the transcendent and spiritual side of human behavior. Similarly, Morita (1998) wrote: “I coined the term *shisō-no-mujun* to define the opposing tension between one’s desire that life and a sense of self be a certain way, and the facts about how life is and who is. *Shisō-no-mujun* is directly translated as ‘the contradiction of ideas’” (p. 3). Similar to ACT, the importance of context for the sense of self is clearly highlighted in Morita therapy:

If a person wants to be surprised, s/he cannot be surprised; if one tries to be prepared for death, the proper state of mind for it cannot be obtained. Being surprised or being prepared for death is only possible under certain conditions and circumstances. External circumstances and subjectivity are one and the same at a vital moment. When a person makes assumptions by an ideology and disregards life circumstances, s/he generates the “contradiction of ideas.” (Morita, 1998, p. 66)

Focus on Values and Committed Action

Acceptance and commitment therapy encourages patients to choose directions to reach important life goals and to improve important areas in their life, including family, career, and spirituality. A similar focus is emphasized in Morita therapy:

People develop overwhelming fears associated with the four inevitable events in human life: suffering, aging, becoming ill, and dying. The origins of most religions have been based on recognizing and responding to these events. When a person transcends her or his ego and refrains from satisfying egocentric desires with religion, s/he can find liberation, peace of mind, and the meaning of true religion. It is only in this regard that true human nature and the treatment of *shinkeishitsu* are related with religion. In the treatment of *shinkeishitsu*, clients are discouraged from becoming attached to and preoccupied with their thoughts, depending on their subjective ideals, or behaving to satisfy their emotions and infatuations. Treatment is designed to stress the importance of reality; practical facts are to be experienced through

spontaneous activities of the mind-body. That is, therapy is not based on those principles that encourage momentary happiness or superficial pleasure; rather therapy is conducted on the basis of the principles that highlight practice. In this way, clients will experientially understand that to make an effort is to move towards true contentment; true happiness is achieved by making an effort. This presents a more accurate view of life. (Morita, 1998, pp. 95–96)

It should be noted that Shoma Morita was a contemporary of Sigmund Freud and William James. Such a recognition offers serious questioning of the appropriateness of the label *new wave* for ACT.

DISCUSSION

As we described elsewhere, the differences between CBT and ACT on the level of therapeutic techniques are primarily related to different emotion regulation strategies (Hofmann & Asmundson, 2008). These differences can best be understood as techniques that act on different stages in the emotion-generative process. Cognitive reappraisal is an effective emotion regulation strategy that is present to some extent in all CBT approaches (e.g., Gross, 2002), whereas acceptance strategies counteract suppression and other emotional (or experiential) avoidance tendencies. Although these acceptance strategies are not routinely used in CBT, they are certainly compatible with the CBT model. The same is true for other ACT techniques, which might lead to further improvement of CBT protocols for certain disorders.

Refinements and improvements of existing treatments are highly desirable and necessary for the field of psychology to advance. As our understanding about the psychopathology of a disorder improves, new techniques are added and old techniques are replaced in order to more specifically tailor the treatment to a particular dysfunction. This scientific enterprise, so far, has been very successful and has resulted in highly effective CBT protocols that differ significantly from one another, depending on the dysfunction that is the focus of therapy. For this reason, it is overly simplistic to refer to *the* CBT protocol. Instead, it is more accurate to refer to a family of interventions that share a number of key treatment components, follow the same general structure, and are based on the same model that changes in cognitions

lead to changes in emotions and behaviors (for an overview, see Beck, Rush, Shaw, & Emery, 1979).

Unfortunately, however, many ACT proponents claim that ACT and ACT techniques are incompatible with the CBT model on a fundamental level. Instead of referring to *mindfulness-oriented CBT* or *acceptance-based CBT* approaches, the basic CBT model is rejected and replaced by the so-called *third wave* treatments that are based on post-Skinnerian and behavior-analytic models. RFT, the theoretical foundation of ACT, is an attempt to resolve the problems of Skinner's radical behaviorism by integrating cognitions and language into a behavioral analytic framework through emphasizing the importance of context. However, the ACT techniques are neither specific to this theoretical approach, nor are they particularly new or unique. In fact, the ACT techniques show striking similarities to old Eastern approaches, including 80-year-old Morita therapy. Given these observations, I suggest the following:

- (1) Future research will need to examine whether ACT techniques target different mediators of treatment change than certain CBT techniques. For this purpose, it will be important to conduct studies directly comparing ACT and CBT strategies in conjunction with conducting formal mediation analyses.
- (2) In the next step, studies should be conducted that combine ACT and CBT techniques in order to improve the efficacy of existing treatment protocols for specific disorders. This requires that we detach ourselves from our allegiance to any particular therapy schools and, instead, examine specific therapeutic techniques for specific psychological problems.
- (3) Finally, a request: Let us please abandon the terms *new wave* and *third wave*. Science is a continuous process of growth and expansion. Waves just come and go. They are fun and can make you wet, but they have nothing to do with science and they do not help our patients.

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