ACT - a bridge which translates Epicurean philosophy into life goals (thread started by Julia)

Post by “Cassius” of September 8, 2024 at 7:49 PM

Julia I see that ACT is compared to Cognitive Behavior Therapy (perhaps as a self-help version of it?)

On the Wikipedia CBT page I think the "criticisms" section used to be longer, but this part is still there:

> Quote
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> **Philosophical concerns with CBT methods**
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> The methods employed in CBT research have not been the only criticisms; some individuals have called its theory and therapy into question.[256]
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> Slife and Williams write that one of the hidden assumptions in CBT is that of determinism, or the absence of free will. They argue that CBT holds that external stimuli from the environment enter the mind, causing different thoughts that cause emotional states: nowhere in CBT theory is agency, or free will, accounted for.[246]
>
> Another criticism of CBT theory, especially as applied to major depressive disorder (MDD), is that it confounds the symptoms of the disorder with its causes.[249]

I seem to recall that the older criticism was longer (I made the same comment two years ago...) and I believe that the extended criticism was to the effect that CBT does not start with a model of "healthy" behavior and thus has no identifiable target for what it seeks to produce.

Would ACT be subject to similar criticisms of determinism or lack of identification of the proper goal?

UPDATE: I found a 2015 revision of the page with a much longer "Criticism" section. Here is the statement I remember: "*However, the research methods employed in CBT research have not been the only criticisms identified. Others have called CBT theory and therapy into question. For example, Fancher[159] writes the CBT has failed to provide a framework for clear and correct thinking. He states that it is strange for CBT theorists to develop a framework for determining distorted thinking without ever developing a framework for "cognitive clarity" or what would count as "healthy, normal thinking." Additionally, he writes that irrational thinking cannot be a source of mental and emotional distress when there is no evidence of rational thinking causing psychological well-being. Or, that social psychology has proven the normal*

cognitive processes of the average person to be irrational, even those who are psychologically well. Fancher also says that the theory of CBT is inconsistent with basic principles and research of rationality, and even ignores many rules of logic. He argues that CBT makes something of thinking that is far less exciting and true than thinking probably is. Among his other arguments are the maintaining of the status quo promoted in CBT, the self-deception encouraged within clients and patients engaged in CBT, how poorly the research is conducted, and some of its basic tenets and norms: "The basic norm of cognitive therapy is this: except for how the patient thinks, everything is ok".[163]

Quote

Criticisms

The research conducted for CBT has been a topic of sustained controversy. While some researchers write that CBT is more effective than other treatments,[155] many other researchers[7][156][157] and practitioners[158][159] have questioned the validity of such claims. For example, one study[155] determined CBT to be superior to other treatments in treating anxiety and depression. However, researchers[7] responding directly to that study conducted a re-analysis and found no evidence of CBT being superior to other bona fide treatments, and conducted an analysis of thirteen other CBT clinical trials and determined that they failed to provide evidence of CBT superiority.

Additionally, a recent meta-analysis revealed that the positive effects of CBT on depression have been declining since 1977. The overall results showed two different declines in effect sizes: 1) an overall decline between 1977 and 2014, and 2) a steeper decline between 1995 and 2014. Additional sub-analysis revealed that CBT studies where therapists in the test group were instructed to adhere to the Beck CBT manual had a steeper decline in effect sizes since 1977 than studies where therapists in the test group were instructed to use CBT without a manual. The authors reported that they were unsure why the effects were declining but did list inadequate therapist training, failure to adhere to a manual, lack of therapist experience, and patients' hope and faith in its efficacy waning as potential reasons. The authors did mention that the current study was limited to depression disorders only.[160]

Furthermore, other researchers[156] write that CBT studies have high drop-out rates compared to other treatments. At times, the CBT drop-out rates can be more than five times higher than other treatments groups. For example, the researchers provided statistics of 28 participants in a group receiving CBT therapy dropping out, compared to 5 participants in a group receiving problem-solving therapy dropping out, or 11 participants in a group receiving psychodynamic therapy dropping out.[156] This high drop-out rate is also evident in the treatment of several disorders particularly anorexia nervosa, an eating disorder commonly treated by CBT. People with anorexia nervosa who are treated with CBT have a high percent chance of dropping out of therapy before

completion and reverting to their aneroxia behaviors.[161]

Other researchers[157] conducting an analysis of treatments for youth who self-injure found similar drop-out rates in CBT and DBT groups. In this study, the researchers analyzed several clinical trials that measured the efficacy of CBT administered to youth who self-injure. The researchers concluded that none of them were found to be efficacious. These conclusions[157] were made using the APA Division 12 Task Force on the Promotion and Dissemination of Psychological Procedures to determine intervention potency.[162]

However, the research methods employed in CBT research have not been the only criticisms identified. Others have called CBT theory and therapy into question. For example, Fancher[159] writes the CBT has failed to provide a framework for clear and correct thinking. He states that it is strange for CBT theorists to develop a framework for determining distorted thinking without ever developing a framework for "cognitive clarity" or what would count as "healthy, normal thinking." Additionally, he writes that irrational thinking cannot be a source of mental and emotional distress when there is no evidence of rational thinking causing psychological well-being. Or, that social psychology has proven the normal cognitive processes of the average person to be irrational, even those who are psychologically well. Fancher also says that the theory of CBT is inconsistent with basic principles and research of rationality, and even ignores many rules of logic. He argues that CBT makes something of thinking that is far less exciting and true than thinking probably is. Among his other arguments are the maintaining of the status quo promoted in CBT, the self-deception encouraged within clients and patients engaged in CBT, how poorly the research is conducted, and some of its basic tenets and norms: "The basic norm of cognitive therapy is this: except for how the patient thinks, everything is ok".[163]

Meanwhile, Slife and Williams[158] write that one of the hidden assumptions in CBT is that of determinism, or the absence of free will. They argue that CBT invokes a type of cause-and-effect relationship with cognition. They state that CBT holds that external stimuli from the environment enter the mind, causing different thoughts that cause emotional states. Nowhere in CBT theory is agency, or free will, accounted for. At its most basic foundational assumptions, CBT holds that human beings have no free will and are just determined by the cognitive processes invoked by external stimuli.

Another criticism of CBT theory, especially as applied to Major Depressive Disorder (MDD), is that it confounds the symptoms of the disorder with its causes.[164]

A major criticism has been that clinical studies of CBT efficacy (or any psychotherapy) are not double-blind (i.e., neither subjects nor therapists in psychotherapy studies are blind to the type of treatment). They may be single-blinded, i.e. the rater may not know the treatment the patient received, but neither the patients nor the therapists are

> blinded to the type of therapy given (two out of three of the persons involved in the trial, i.e., all of the persons involved in the treatment, are unblinded). The patient is an active participant in correcting negative distorted thoughts, thus quite aware of the treatment group they are in.[164]
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> The importance of double-blinding was shown in a meta-analysis that examined the effectiveness of CBT when placebo control and blindedness were factored in.[165] Pooled data from published trials of CBT in schizophrenia, MDD, and bipolar disorder that used controls for non-specific effects of intervention were analyzed. This study concluded that CBT is no better than non-specific control interventions in the treatment of schizophrenia and does not reduce relapse rates, treatment effects are small in treatment studies of MDD, and it is not an effective treatment strategy for prevention of relapse in bipolar disorder. For MDD, the authors note that the pooled effect size was very low. Nevertheless, the methodological processes used to select the studies in the previously mentioned meta-analysis and the worth of its findings have been called into question.[166][167][168]
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Sorry for the lack of organization of this post but the question I would ask to either ACT or "nonviolence" would be:

Would ACT (or NVC) be subject to similar criticisms of deterministic assumptions or lack of identification of what constitutes healthy thinking?