But What Exactly Are Values?
A brief discussion about the concept and utility of values in the clinical setting

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The clinical setting brings up theoretical, technical and ethical matters regarding the possibilities and limits of the practical work. Two of those matters refer to, on the one hand, the definition of goals to the clinical practice and, on the other hand, the extent to which the therapist can and/or should direct the formulation and execution of such goals. In the perspective of Clinical Behavior Analysis, the concept of values articulates these two matters in arguments that seek to understand if the phenomena described by such concept can be considered a therapeutic goal in itself, if it is a criterion to guide therapeutic decision making and how the therapist's values relate to the client's values. This paper intends to provide a critical analysis of the use of the term "values", by discussing: its scope and precision, which would justify the concept's survival in literature, and what its role would be in the development of the psychotherapeutic process.

VALUES IN ACT

Plumb, Stewart, Dahl & Lundgren (2009), from a RFT perspective, consider *values* as a type of rule known as *augmental*, unlike Wilson (2009), who specifies the concept as "verbally constructed consequences", as seen in the following excerpt: "(…) values are freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself" (p.64). Hayes, Strosahl & Wilson (2012), however, from an ACT perspective, explain that values cannot be technically considered reinforcers, given that they cannot be met. This assertion brings up a new complication to the use of the term "consequence", for the value will never be met as a singular event. Furthermore, how can we consider the concept of *values* as *consequences* and *rules* at the same time?

Such conceptual imprecision seems to derive, through the development of ACT, from the choice to use a type of language accessible to psychotherapy's target audience and not necessarily derived from basic science. On the other hand, the use of the so-called *middle-level terms* makes it difficult to submit the concept to experimentation and replication in clinical research (Foody, Barnes-Holmes, Barnes-Holmes & Luciano, 2013); the transposition of the concept to a basic science language, therefore, seems to be relevant.

There are at least four normative conditions for the notion of *values* to be established as a pragmatically useful concept for Clinical Behavior Analysis. The concept must: (1) create possibilities for basic as well as applied research, which means that the use of *middle-level terms* should be restricted and translatable to *low-level terms* when necessary; (2) be accurate and, consequently, avoid becoming too broad; (3) be clearly linked to possible clinical interventions that are feasible to the clinical behavior analyst's day-to-day and, (4) be something that the patient is able to directly influence.

A NEW PROPOSAL

Considering such conditions and the definition used by Harris in 2009 ("*values are desired qualities of ongoing action"*), we propose that *values*, in a Clinical Behavior Analysis perspective, should be considered ***stable and comprehensive qualities of behaving that acquired reinforcing functions through verbal behavior***.

Along with the object of the quality (i.e. behaving) and the reinforcing functions acquired by qualitatively describing behavior, two additional characteristics are necessary in order to differentiate a quality such as "transparence in relationships" (typically associated with values) from "run quickly in tomorrow's race" (that would hardly be useful as a value in a clinical perspective): the quality's stability and comprehensiveness. Values are stable through time and qualify a wide scope of actions in different contexts. These intertwined characteristics point out that interventions that are based on such a notion of values would emphasize less questions such as "where do you want to go?" and more questions involving "who do you become when you act that way?". A clear advantage to that notion is regarding the success criteria for therapy: it would not only be successful when the patient reached specific goals, but when he/she developed stable behavioral repertoires in frames of coordination with their self-rules of desired qualities of action.

REFERENCES

Foody, M., Barnes-Holmes, Y., Barnes-Holmes, D. & Luciano, C. (2013). An empirical investigation of hierarchical versus distinction relations in a self-based ACT exercise. *International Journal of Psychology and Psychological Therapy*, 13, 373-388.

Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

Hayes, S.C, Strosahl, K.D., & Wilson, K.G. (2012). Acceptance and commitment therapy: The process and practice of mindful change (2nd edition). New York, NY: The Guilford Press.

Plumb, J. C., Stewart, I., Dahl, J., & Lundgren, T. (2009). In search of meaning: Values in modern clinical behavior analysis. *Behavior Analyst*, *32*(1), 85.

Wilson, K. G. (2009). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. New Harbinger Publications.