

Self as Context in a Stress-Exposed Population

Megan Godbee and Maria Kangas, Department of Psychology, Centre for Emotional Health
megan.godbee@hdr.mq.edu.au

INTRODUCTION

Self as Context (SAC) is an under-researched yet core component of the Acceptance and Commitment Therapy (ACT) paradigm. SAC is taught as an extension of mindfulness that allows a person to focus on a stable and enduring sense of self that is distinct from, and greater than, distressing internal experiences (Hayes, Strosahl & Wilson, 1999).

A meta-analysis conducted by Levin and colleagues (2012) revealed there was insufficient evidence to draw any conclusions about the effectiveness of SAC. A recent systematic review (Godbee & Kangas, under review) concluded that there was still limited research and only mixed support for SAC.

It is unclear whether SAC is effective with facilitating processing of distressing memories. People who have been exposed to stressful events may struggle with distressing memories of the event. Disruption to an enduring sense of self is thought to be one of the impacts of ongoing or repeated stressors, because a person may have difficulties developing and organising their self-schemas in functional ways (Horowitz & Sicilia, 2016). Interventions such as SAC that aim to facilitate a positive, cohesive, and flexible sense of self may assist in alleviating the distress associated with exposure to stressful memories.

The **aim of the current study** was to conduct a randomised control trial of the effectiveness of SAC in reducing distress in a stress-exposed population. It was hypothesised that SAC would be at least as effective as cognitive reappraisal and significantly more effective than natural coping strategies.

METHOD

A total of 105 undergraduate students who were primarily female (77%), Caucasian (50%) and had an average age of 27 (SD = 6.19, range 17-44) took part in this study, by attending an individual, 60-minute laboratory-based session.

Participants completed baseline questionnaires then discussed a recent stressful event. This discussion was audio-recorded. Participants were randomly allocated to one of three conditions: SAC, Cognitive Restructuring (CR) or Control. The SAC and CR groups were given a brief induction to their allocated intervention strategy while the Control group were given a distraction task. All groups were then asked to listen to the audio-recording and the SAC and CR groups were prompted to use the strategy they had been taught (no instructions were given to the Control group). Participant distress as assessed by the Positive and Negative Affect Scale was measured at five time points throughout the study including:

- Time 1: Baseline
- Time 2: Post-stress discussion
- Time 3: Post-training induction (SAC vs CR)
- Time 4: Following listening to taped stress discussion
- Time 5: Following watching a nature video

RESULTS

The main effect of negative affect over time was significant, adjusted $F(3.23, 336.13) = 68.74, p < .000$. The between-groups interaction effect of negative affect over time by condition was also significant, adjusted $F(6.13, 672.26) = 3.031, p = .005$.

Post-hoc t-tests indicated that the SAC group reported significantly less distress than the Control group at Time 4, $t(68) = 2.603, p = .012$, and at Time 5, $t(68) = 2.316, p = .025$. The CR group did not differ significantly from the Control group at any time point.

FIGURE 1

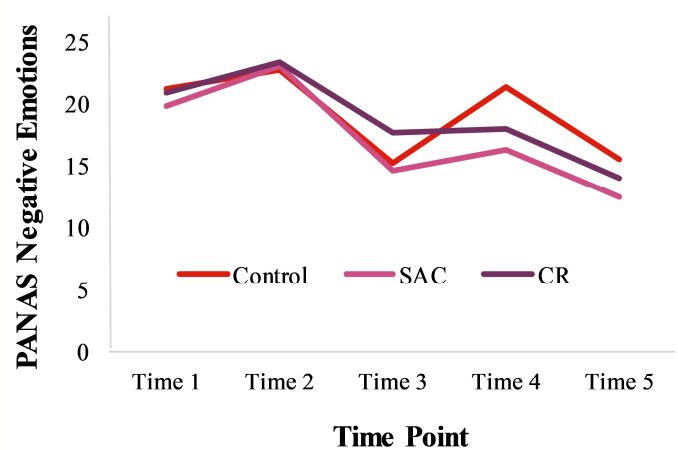


Figure 1. Distress by condition, from baseline, initial stress discussion, treatment instructions, listening to the audio-recording and watching a soothing nature video

CONCLUSIONS

The findings suggest SAC is effective in managing acute stress reactions. Moreover, it seems SAC is more effective than individuals relying on spontaneous coping strategies (i.e. distraction), and is at least as effective as CR, in decreasing distress in response to a stressful event. The "I-here-now" aspect of SAC may reduce the "them-there-then" frames of a distressing memory.

According to the ACT model, the primary goal of the six components is to increase values-guided living in the face of difficult experiences (Hayes et al., 1999). Future research into SAC as a standalone component should focus on measuring values-guided action, ideally through longitudinal research designs with a large enough sample to compare clinical and non-clinical subsamples.

REFERENCES

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy. An experiential approach to behavior change*. New York: Guilford.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2016). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd revised ed.). New York: Guilford Publishers.
- Horowitz, M., & Sicilia, M. (2016). The self in posttraumatic stress disorder. In M. Kyrios, R. Moulding, G. Doron, S. S. Bhar, M. Nedeljkovic, & M. Mikulincer (Eds.), *The self in understanding and treating psychological disorders*. Cambridge: Cambridge University Press.
- Levin, M. E., Hildebrandt, M. J., Lillis, J., & Hayes, S. C. (2012). The impact of treatment components suggested by the psychological flexibility model: a meta-analysis of laboratory-based component studies. *Behaviour Therapy, 43*(4), 741-756. doi:10.1016/j.beth.2012.05.003