

The Flexible Connectedness Model: A Contextual Behavioral Framework for Effective Human Interaction

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Chair: John O'Neill
Discussant: Timothy M. Weil

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Background

The ability to connect with others has a **strong and consistent correlation with individual's well being** and both mental and physical health

Emotional connectedness is an important and implicit component of ACT interventions

However, this component is not yet a central process of ACT's approach to psychopathology and overall functioning (both in research or practice)

Studying the ***theoretical and empirical grounds*** of this natural phenomena (connectedness) is an important area of development in CBS research

Flexible Connectedness Model (FCM): *Groundwork*

Four different publications shaped our thinking around *how to think about the interplay between social connectedness and psychological functioning*

1. We did an early analog study that showed that deictic verbal cues temporarily increased individual's connectedness towards a fictional character

Vilardaga, R., Levin, M., Waltz, T., Hayes, S.C., Long, D., & Muto, T. (2008, May). Testing a new perspective-taking procedure in the context of attitudes, emotional reactions and behaviors towards different cultural groups. In **R. Vilardaga** (Chair), *Recent applications of Relational Frame Theory using deictic framing procedures*. Symposium conducted at the 34th Annual Convention of the Association for Behavior Analysis International, Chicago, IL.

2. We wrote a theoretical account of empathy from an RFT perspective

Vilardaga, R. (2009). A relational frame theory account of empathy. *International Journal of Behavioral Consultation and Therapy*, 5(2):178–184.

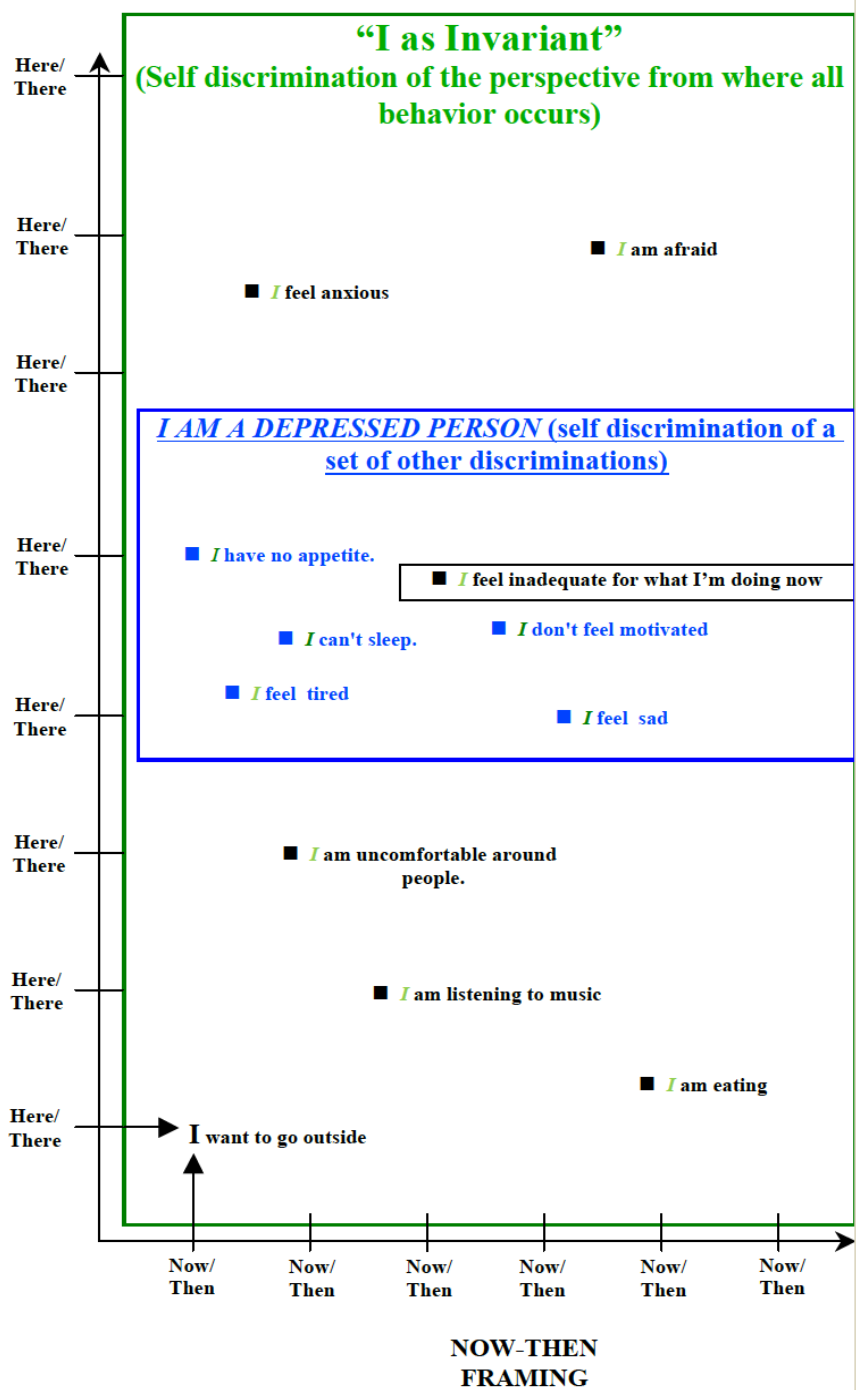
3. We extended this model to other areas of clinical and non-clinical research:

Vilardaga, R. and Hayes, S. C. (2010). Acceptance and commitment therapy and the therapeutic relationship. *European Psychotherapy*, 9(1):117–140.

Vilardaga, R. and Hayes, S. C. (2012). A contextual behavioral approach to pathological altruism. In B. Oakley, A. Knafo, G. Madhavan, D.S. Wilson (Eds.), *Pathological altruism*, pages 31–48. Oxford University Press, New York.

Early Visual Model

HERE-THERE FRAMING



CONTACT WITH THE PRESENT MOMENT

❖ Fusion/defusion, contact with present moment, and choice are all processes that Occur in a continuum.

SELF AS CONTEXT: defused from specific thoughts and selves

Self as content: fused with a conceptualized self

Self as Content: fusion with a particular thought and feeling

Defused from a particular self-concept

SELF AS CONTEXT: fused with a sense of connection and wholeness

❖ Different levels of discrimination of our own experience imply different levels of fusion/defusion and contact with the present moment.

❖ More or less contact with the present moment (including both self-discriminations and outer discriminations) allow more or less “freedom” to choose among different response options.

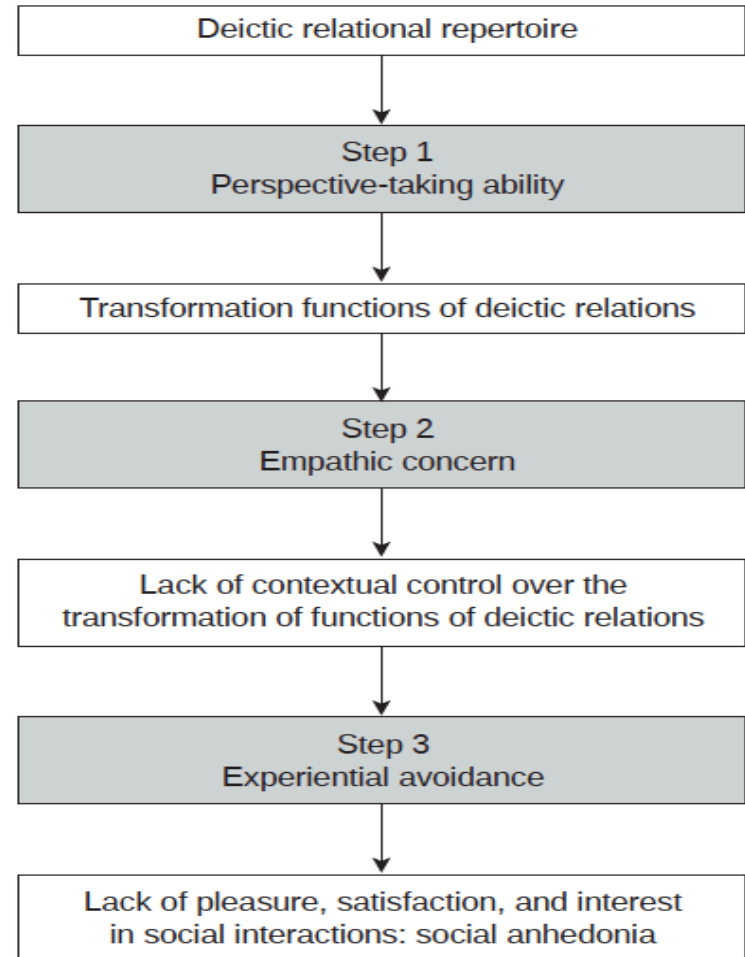
❖ There is more psychological flexibility in an I as invariant because it is more inclusive: “I can have multiple thoughts, feelings and conceptualized selves and still behave as a whole”.

Later visual model

We made a **simpler version** of the model that was more “digestible” for a larger psychological audience

This model was “heavier” on **middle-level terms**

We initially described this model as the “**3-step model**”



Combinations of repertoires

Low Perspective taking + Low Empathy + Low Psychological flexibility →

Lacks ability to **understand** the point of view of others and **empathize**, and therefore has little need to **avoid** feeling their suffering

High Perspective taking + Low Empathy + Low Psychological flexibility →

Can **understand** the point of view of others but has difficulties “sharing their suffering”, therefore also has little motivation to **avoid**

High Perspective taking + High Empathy + Low Psychological flexibility →

Can **understand** and **connect** with others but lacks a repertoire to flexibly “defuse” from their suffering

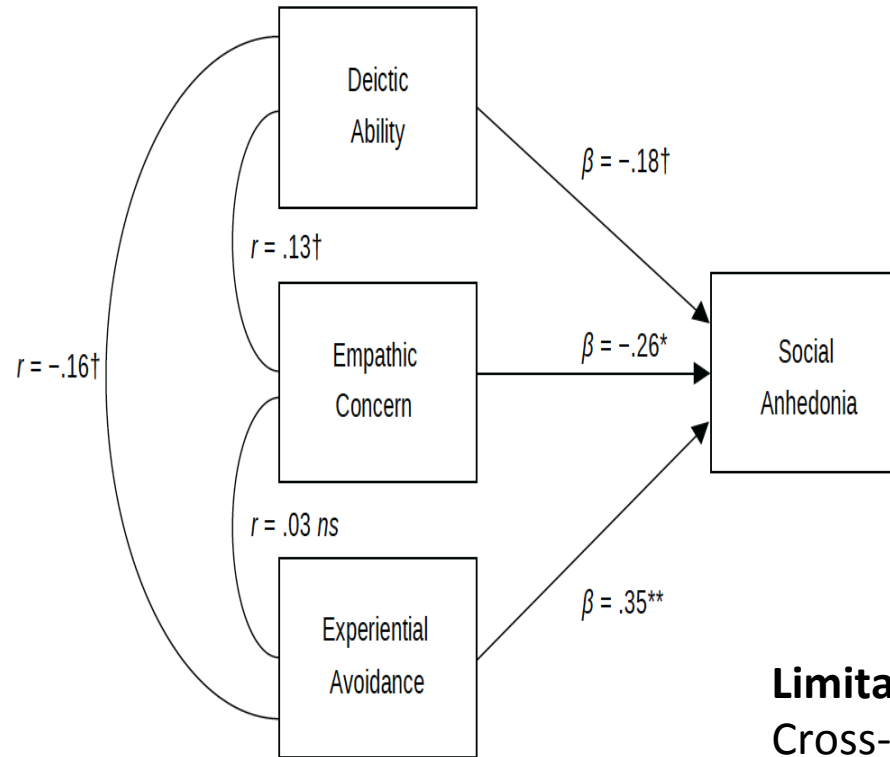
High Perspective taking + High Empathy + High Psychological flexibility →

Can **accurately understand** and emotionally **connect** with others, while effectively **distancing herself** from private events and behaving according other people needs and suffering

Empirical support: The model applies to social anhedonia

Social anhedonia is a strong predictor **psychosis**

Each variable was **independently associated** with social anhedonia



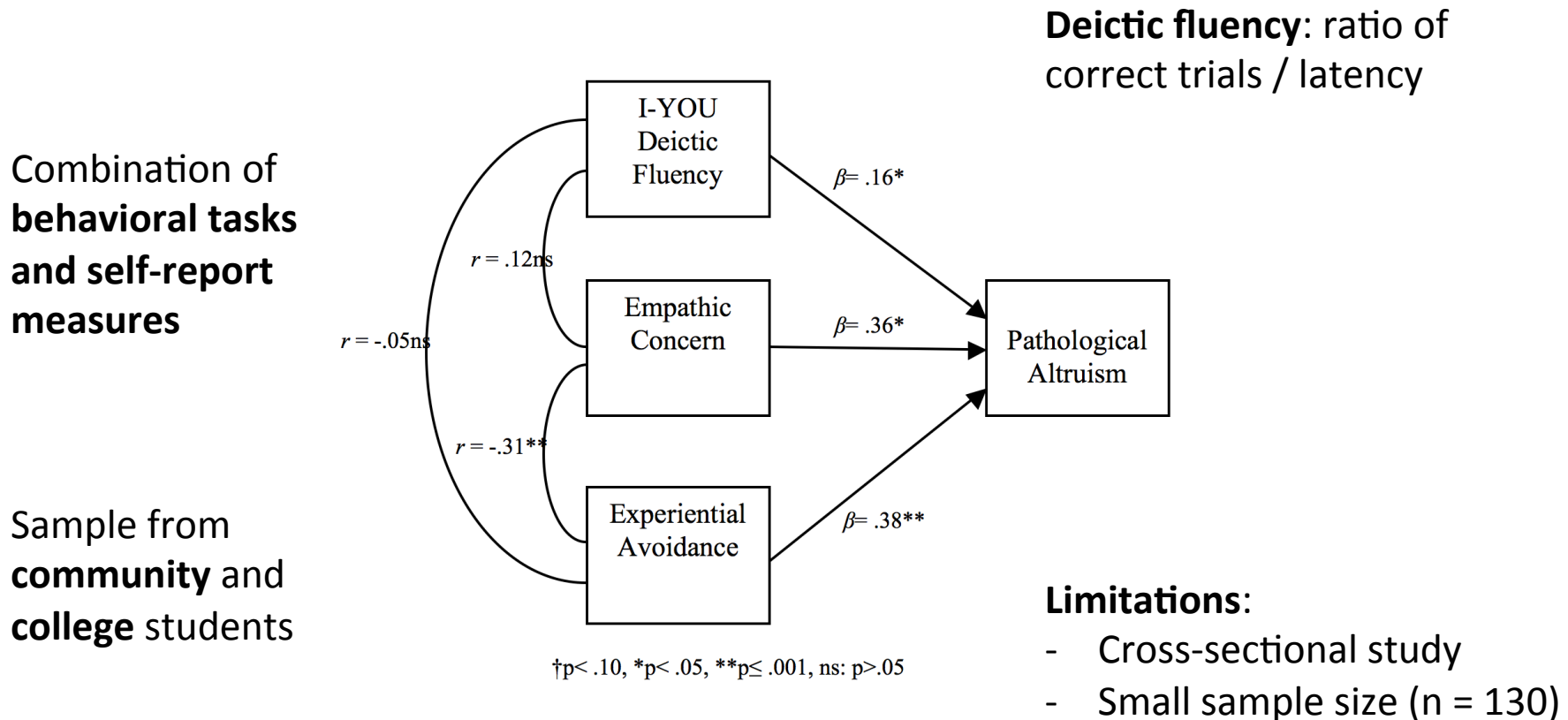
Deictic ability was measured using a **deictic relational task**

Limitations:

Cross-sectional study
Small sample size ($n = 102$)

Vilardaga, R., Levin, M. E., Hayes, S. C., and Estévez, A. (2012). Deictic relational responding, empathy, and experiential avoidance as predictors of social anhedonia: Further contributions from relational frame theory. *Psychological Record*, 62(3):409–432.

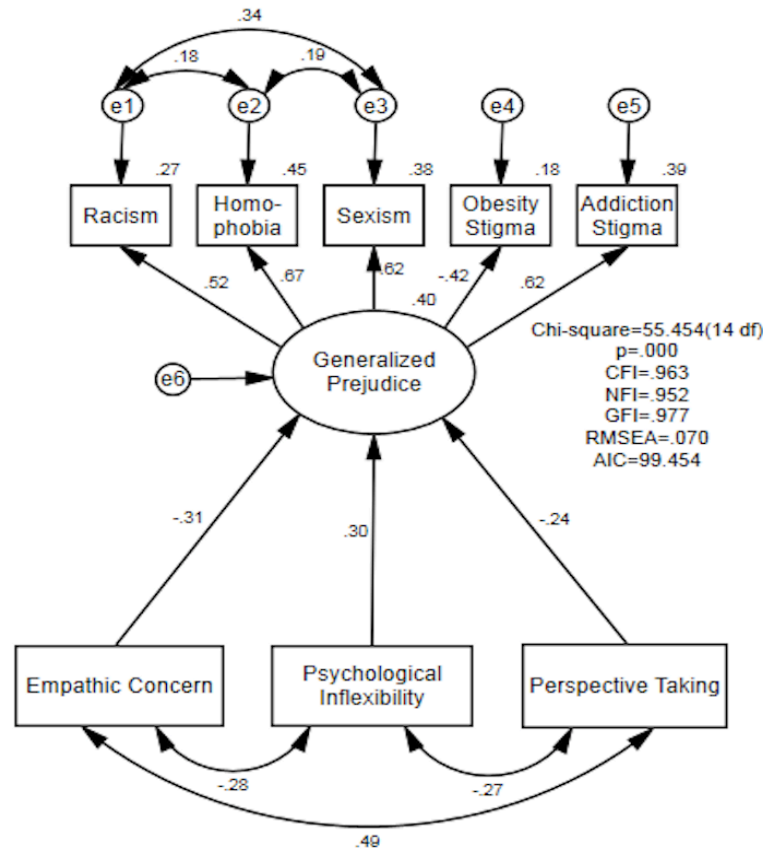
Empirical support: It extends to pathological altruism



Nilsson, E., Vilardaga, R., and Nyman, J. When being connected with others does more harm than good: An empirical examination of the flexible connectedness model and pathological altruism. Manuscript submitted for publication.

Empirical support: It extends to generalized prejudice

Figure 3. Structural Equation Model:
Predictors of Generalized Prejudice (N = 604)



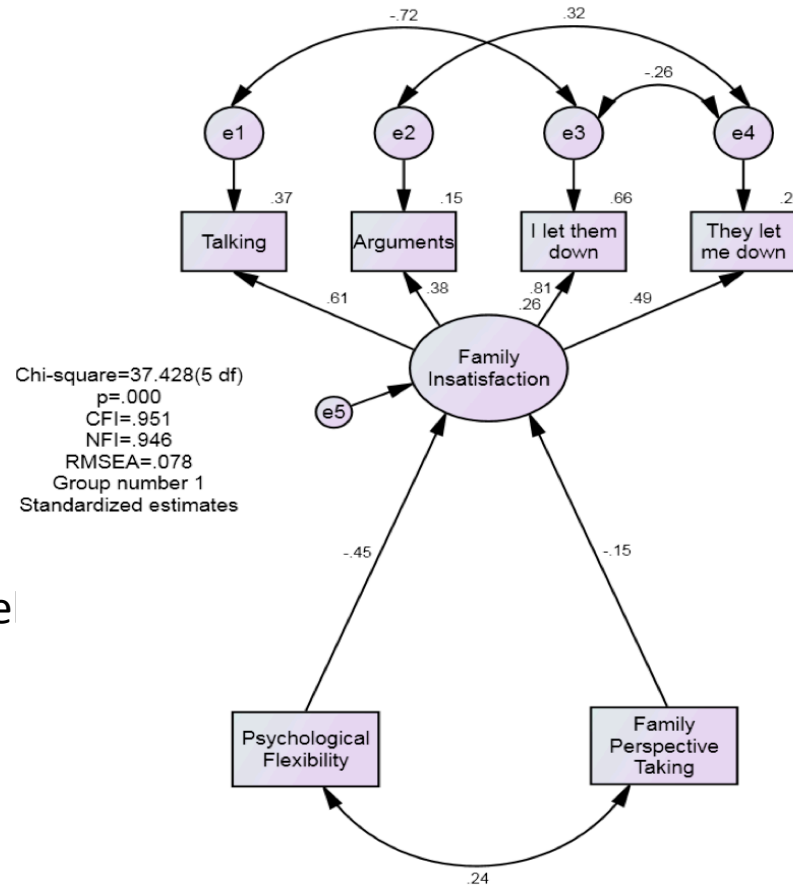
All global-self
report measures

All three processes
play a role in
generalized prejudice

Strengths:
Large sample size (n = 604)
Structural equation modeling
Limitations:
Cross-sectional study

Empirical support: it partially extends to family satisfaction

Figure 1. Psychological flexibility and family related perspective taking, as predictors of family insatisfaction.



Lack of perspective taking had a negative association with **family satisfaction**

Study strengths:
Structural equation modeling

Limitations:
Cross-sectional study
Medium sample size (n = ~200)

Note that this mode
did not include
empathic concern

Empirical support: It extends to ageism (Edwards et al.)

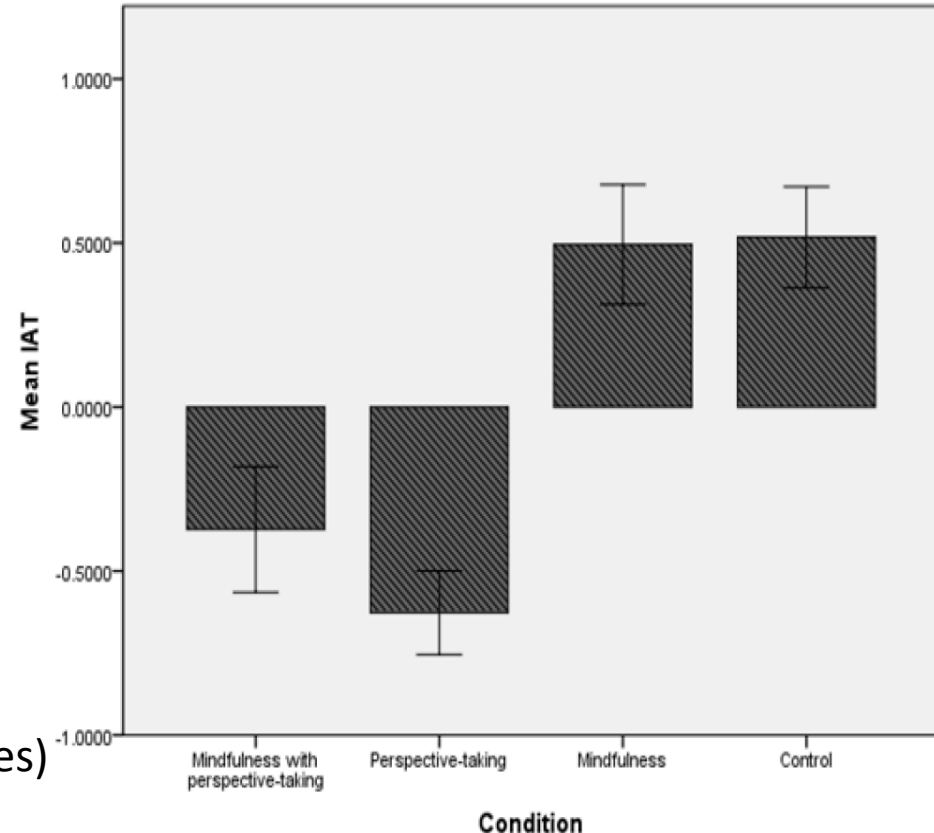
1. **Experimental** laboratory study using the IAT on “elder” stimuli
2. Inconsistent with social theories of stigma, perspective taking had the “adverse effect” of increasing stigma towards the elder
3. This association was “reversed” when participants were exposed to a combined perspective taking and mindfulness task

Study strengths:

- **Experimental** design
- **Behavioral tasks** (vs self-report measures)

Limitations:

- Preliminary findings



Edwards, D., Lowe, R., Evans, N., and **Villardaga, R.** Effects of mindfulness and perspective-taking on implicit associations towards the elderly: An rft perspective. manuscript submitted for publication.

Support from clinical use

This exercise has been widely used by therapists

Comment:

"I have a client I have been working with for quite some time and have been finding it very difficult to connect with her [...]. I found myself really feeling guarded with her, and finding it difficult to be empathic. This exercise really helped me shift my perspective and as a result, the last couple of sessions have felt very different. I have been able to express genuine empathy for her situation, and I think it's creating little moments in our sessions where she is more open to me. [...]"

Figure 2. A deictics framing exercise to foster the therapeutic relationship previous a therapy session*.

This is an exercise that should take between 1-4 minutes. Before starting the exercise, try to find a quiet place (like your therapy room), and relax. The questions are not necessarily intended to have a response; instead we encourage you to think through them. After each question, please keep track of them marking the box on the left.

1. Take a few seconds and imagine you are your client on his/her way to the session. What would he/she see, hear and smell on his/her way here? What would it be like sitting on the waiting room before starting the session?
2. From this perspective of being your client, imagine what thoughts, feelings and judgments he/she is having (if this is your first session, think about his/her presenting problem).
3. Notice the historical nature of these reactions. He/she has had those thoughts, feelings and judgements for months or years, and in many different places, and they are likely to happen here, today.
4. In addition to his/her thoughts, feelings and judgements, see if you can connect with his/her sense of conscious awareness that is more than the content of his/her suffering.
5. Try to recall some emotions, thoughts and judgments that you have had about your client in the past (if this is your first session, think about his/her presenting problem).
6. Recall other times when similar thoughts, feelings and judgments have come up for you in different therapy rooms or locations (maybe with different clients), months or years ago, and notice how they are happening here, in this very moment.
7. In addition to these thoughts, feelings and judgements, see if you can connect with your own sense of conscious awareness – you are more than the content of your reactions.
8. Now bring your attention back to when you decided to be a therapist. What were your thoughts and feelings about being a therapist? What are your thoughts and feelings about being a therapist now?
9. If you were transported five years into the future, what would you like this client to have taken from the work the two of you have done?
10. Now bring your attention back to the room. Take a moment to just notice your different bodily sensations ... the various sounds... and the objects around you.

*Developed by Vilardaga, Levin and Hayes, 2007

Vilardaga, R. and Hayes, S. C. (2010). Acceptance and commitment therapy and the therapeutic relationship. *European Psychotherapy*, 9(1):117–140.

Discussion

This CBS model seems to be relevant for a **wide range of disorders and problems** of human concern

Experiential avoidance alone might not explain alone variability in *individual functioning*

Similarly, **perspective taking and empathy** might not explain alone *social functioning*

Although it is a **simplification** of RFT phenomena (i.e., does not directly address other forms of relational framing) it seems to be useful

Some studies provide empirical support, but there's still a **small range of methods** testing its utility

These studies have a number of methodological weaknesses, but **data strongly suggests** that perspective taking and empathy, and not just experiential avoidance, ***play an important role in human functioning and psychopathology***

Implications and future directions

Contextual behavioral science is a **nurturing theoretical** and **methodological framework** to generate hypotheses about how to target manipulable variables and further develop our models of intervention

Although the **practical ramifications** of this model are promising we need more data to explore them, in particular using a ***wider diversity of methods***

CBS should further research the role of these processes and ***their interplay***

We “need to go” **experimental** or **longitudinal**