Chapter 15: Depression

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Acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2012) has a long and well-documented history as a beneficial treatment of depression. The first randomized clinical trial of ACT (Zettle & Hayes, 1986) favorably compared an early version of it to cognitive therapy of depression (Beck, Rush, Shaw, & Emery, 1979), and ACT is recognized by Division 12 of the American Psychological Association as an empirically-supported/evidence-based intervention for depression (Society of Clinical Psychology, n.d.).

only be addressed here in a somewhat abbreviated fashion. Interested readers are encouraged to consult other sources for a more detailed presentation of an ACT-consistent model of depression (Zettle, 2016), as well as a comprehensive set of clinical guidelines (Zettle, 2007) and complementary workbook (Strosahl & Robinson, 2008) in using ACT as an intervention for depression.

ACT is an empirically-supported treatment for depression that compares favorably to

Model of Depression

Stated simply, depression, like most forms of clinical suffering, is usefully viewed from an ACT-perspective as a consequence of failed and counterproductive efforts to manage unwanted psychological experiences. Although such aversive experiences may include unpleasant memories, thoughts, and urges; efforts to avoid and eliminate unwelcomed mood and affective states, such as sadness, sorrow, and dysphoria in particular; are viewed as playing a predominant role within a common pathway that leads to clinical depression.

The Example of Complicated Bereavement

The process whereby efforts to experientially control sadness or sorrow may result in depression has perhaps been most clearly documented in instances of complicated bereavement. Grief that is experienced following the death of a loved one, close friend, or even a cherished pet, is not seen as being psychologically unhealthy. Rather, dysphoria under such circumstances would be regarded as "clean pain" and as an adaptive, albeit unpleasant, and affirmative reaction

to a meaningful loss (Zettle, 2007). As will be discussed in greater detail later, such sorrow validates and reflects our values and what matters to us in addition to dignifying our loss and suffering. Dysphoria, sadness, and sorrow, moreover, may not only be conveying something personally useful (Masman, 2009) and informative, but may have also served an adaptive function from an evolutionary perspective during “unpropitious situations in which efforts to pursue a major goal will likely result in danger, loss, bodily damage, or wasted effort” (Neese, 2000, p. 14).

In contrast to the clean pain of sorrowful grief, clinical depression that unfortunately sometimes develops as part of the bereavement process from unsuccessful efforts to control dysphoria, can be usefully regarded as “dirty pain”. While such complicated bereavement is undoubtedly multidetermined, research has identified rumination, especially of a brooding nature (Treynor, Gonzalez, & Nolen-Hoeksema, 2003), as a primary risk factor for it in particular, and for depression more broadly (Nolen-Hoeksema, Parker, & Larson, 1994; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Spasojevic & Alloy, 2001). For example, bereaved adults with a ruminative coping style were more likely to display higher levels of depression 6 months later even aft2(y)20(lTm[(Hoe)6(ks)-10(e)4(maof)3 0 0 1ETB8(e)4( )] TJn)-13m.m[h024 2tive coping(L)11(a)n1 0 0a

The Role of Rumination

When sorrow is seen as a problem to be solved rather than as an experience to be merely acknowledged accepted, rumination often emerges as a popular means of attempting to do so.

generated through the process (Lyubomirsky, Tucker, Caldwell, & Berg, 1999). Thus, rumination not only indirectly contributes to psychological inflexibility by exacerbating the clean pain of sadness into the reactive and dirty pain of depression, but also does so more directly by restricting the range of behavioral options that are pursued. If nothing else, time and energy that could be expended in activities that are more productive and possibly linked with values are instead allocated to brooding.

A third pernicious contribution of rumination to depression is through reason-giving and the construction of dysfunctional life-stories. In large measure, rumination is a search for reasons to account for why we are not feeling the way we should or would like, under the misguided belief that any such explanations will be instrumental in being able to control undesirable affective experiences. Not surprisingly, those who favor ruminating in managing dysphoric mood generate more reasons for depression (Addis & Carpenter, 1999). Additionally, clients who can offer more "good reasons" for their depression are not only more depressed, but also more difficult to successfully treat with more traditional forms of cognitive behavior therapy (Addis & Jacobson, 1996).

Of particular relevance to ACT and the model of psychological flexibility/inflexibility on which it is based, is that individual reasons for feeling sad or dysphoric that emerge through rumination can then be woven into a narrative providing a coherent account of how clients came to be depressed in the first place and, unfortunately in too many cases, why they must remain there (Zettle, 2007, pp. 45-46). Life-stories characterized by victimization, silent martyrdom, self-imposed exile, and righteous indignation appear to be particularly insidious when embraced by those who struggle with depression (Strosahl & Robinson, 2008, pp. 203-205). Fusing with such narratives to the point that they are held tightly as factual accounts locks depression in

place. Because historical facts can't be changed, the depression that they account for can't be altered either. In extreme cases, clients may be left with the choice of continuing to be "right" about their narrative and remaining depressed, or with the option of seeing it as a constructed story, and that if held lightly, creates enough space for them to participate in a more engaging and meaningful life.

Rumination is a widely used emotion regulation strategy that is seen as valuable even though it does not lead to effective problem solving.
Rumination supports reason-giving which has been shown to maintain depression.
Rumination contributes to psychological inflexibility through the construction of life-stories that also help maintain depression.

Three Types Of Sorrow

Thus far, how ruminating about a loss and related sorrow may lead to depression has been most clearly illustrated with complicated bereavement – what might be regarded as an experienced loss. It seems useful, however, to also consider how two other forms of sorrow may additionally contribute to depression.

The sorrow of experienced loss. The same process that accounts for complicated bereavement may also account for depression that follows other types and kinds of experienced losses, such as a divorce or marital separation, job termination, or business failure. Because personally-relevant losses in one way or another are inevitable, the resulting sorrow is an inescapable and unavoidable part of the human condition. Of greater relevance than the specific type or loss is how the sadness and grief that follows is dealt with. The risk of clinical depression is increased if brooding occurs, but minimized if peace can be made with the sorrow of experienced loss.

cognitive-behavioral approach that specifically seeks to address such behavioral deficits in depression, with behavioral activation (BA; Martell, Addis, & Jacobson, 2001) being the most prominent other intervention. However, while BA primarily seeks to increase activities that are mood-elevating, ACT is focused more explicitly on deficits in value-congruent behavior. The two types of behavioral targets often overlap, but not always. Acting true to one's values may not be that immediately pleasant, particularly if it increases contact with unwanted experiences, such as sadness. As will be detailed in the remainder of this chapter, the superordinate goal in ACT with those who struggles with depression is to increase their psychological flexibility. In order to do so, value-congruent behavioral deficits and related experiential barriers are identified and targeted.

Depression can be characterized by behavioral excesses, such as rumination and other efforts to control sorrow, as well as behavioral deficits.
The behavioral deficits of greatest relevance from an ACT perspective are those involving value-congruent activities.

Practical Guidelines

For ease of discussion, guidelines in addressing the two subordinate goals of (a) identifying and minimizing experiential barriers to valued behavior (i.e., acceptance), and (b) instigating an increase in such actions (i.e., commitment) will largely be presented separately and sequentially. It should be emphasized though that the two goals are often either approached simultaneously in conducting ACT, or in a back-and-forth and iterative process, whereby feedback in addressing one of the goals informs efforts involving the other. To realize both goals, it is essential to identify and clarify client values.

values. If necessary, clients can be asked, "What's the one missed opportunity in life that has caused you the greatest regret and pain?"

Projected losses. Much of what has just been said about the sorrow of constructed losses applies similarly to projected losses. Such losses can also be featured within narratives about depression, although at least in my experience, somewhat less often than the other two types. For this reason, it is more likely that clients will need to be directly asked about future losses (e.g., "What is the one thing that worries you the most about your future?"). The response to the question should help further clarify values, particularly if it points to the same one(s) revealed by following the two other types of sorrow, but asking it does come with some risk. In particular, be mindful of you and/or the client getting caught up in and being overly preoccupied with the content of the client's answer. The content may say something useful about values, but should not overshadow also assessing the role that projected losses may play within a life-story that limits psychological flexibility.

Following the three types of sorrow is a useful way of identifying and clarifying client values.
Doing so provides further opportunities to validate and dignify client suffering and further assess how the life-story may maintain psychological rigidity.
Look for convergence in values linked to the three types of sorrow.

The Sweet Spot Exercise

An exercise that nicely complements following the sorrow is that involving the "sweet spot." Values are the source of both our greatest sorrow and our greatest joy. This exercise, which can be presented in either a more prolonged (Wilson, 2008, pp. 200-210) or brief manner

A third advantage of the sweet spot exercise is that it can underscore how seemingly trivial and mundane acts and events within the greater stream of life nonetheless powerfully contribute to its meaning and vitality. As will be discussed further, this realization can pay dividends later in targeting smaller rather than larger value-congruent actions (e.g., reading your child a bedtime story versus buying a pony). There is something to be said for "thinking small."

A fourth and final reason to recommend the sweet spot exercise is that can serve a potent motivating function. Revisiting previous joyful moments can be likened to reinforcer sampling (Ayllon & Azrin, 1968) in which the capacity of certain consequences to strengthen behavior is increased once clients are either reminded of previous experiences with them or given "a taste of them" for the first time. With their appetites now whetted, clients can be asked if they would like their therapy to be about the possibility of having more sweet spots emerge in their lives. This conversation provides a segue into a subsequent one about committed action, especially if accompanied by the presentation of the "butterfly garden metaphor" (Swails, Zettle, Burdsal, & Snyder, 2016, p. 530).

Butterfly Garden Metaphor

Sweet spots are like butterflies that may grace us by landing in our open palm within the garden. They may not stay long, but any effort on our part to retain them by making a fist and

closing our palm around them

> Clients who rigidly adhere to narratives that account of their depression can benefit from rewrites of their life-stories
> The same life events salient in the existing narrative are reconstructed into a number of different endings.
> The implications of considering an alternative life script can be processed with clients.

Accepting and Carrying Sorrow

Not all clients who struggle with depression are adversely impacted by a rigid life-story. More common are experiential barriers to valued behavior that are related to how clients respond to sorrow. Clients, as discussed earlier, may invest a great deal of time and energy engaged in rumination and other ways of seeking to reduce sorrow to at least tolerable levels. Not only is this counterproductive, but many clients hold that at least reducing, if not eliminating, sorrow must be accomplished before they can move on in life. As a result, clients can end up mired in sorrow. The therapeutic challenge in such circumstances is to help clients acquire two alternative ways of responding to sorrow. The first involves making peace with sorrow, rather than fighting against it, while the second involves carrying sorrow through life in a more compassionate way. Both can be addressed within the same extension of the classic tug-of-war with a monster metaphor (Hayes, Strosahl, & Wilson, 1999, p. 109; Hayes et al., 2012, p. 276; Zettle, 2007, pp. 105-106).

The metaphor and associated exercise is best presented with a least three props: (a) a rope, (b) a sign or sheet of paper on which a value-congruent activity can be written (e.g., “take the kids to the zoo”), and (c) a fairly heavy and bulky object (e.g., a large metal trash can is ideal). Place the sign indicating the valued activity within sight, but at least minimal walking

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would be in the service of the kind of partner she would like to be, she offered resuming evening walks with him. She did and reported back that both of them were pleasantly surprised how much something so small had adding meaning to their relationship. Bigger activities eventually followed, including their decision to buy and remodel a house and adopt a child.

Summary and Conclusions

ACT is an empirically-supported and evidenced-based treatment option for clients who struggle with depression. It appears to work through mechanisms of change that are consistent with the model of psychological flexibility upon which ACT is based and treatment guidelines that target these mechanisms can be offered. Huidelines

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