

Treatment of a Disorder of Self through Functional Analytic Psychotherapy

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Abstract

This paper presents a clinical case study of a depressed female, treated by means of Functional Analytic Psychotherapy (FAP) based on the theory and techniques for treating an "unstable self" (Kohlenberg & Tsai, 1991), instead of the classic treatment for depression. The client was a 20-year-old college student. The trigger for her problems was a sentimental break-up in addition to a degree of academic failure. She reported difficulty knowing how she felt, what she wanted, what she thought. At pretreatment, her scores on self-report questionnaires (the BDI, AAQ, and EOSS) were high, indicating moderate depression, no acceptance of feelings, and a high level of public control of self. The treatment lasted 23 sessions, with a follow-up 13 months later. Results showed the elimination of diagnostic criteria based on her behaviors in and out of sessions, and a considerable decrease in her scores in questionnaires, suggesting that FAP techniques targeting problems with the self may be clinically useful.

Keywords

Functional Analytic Psychotherapy, Depression, Personality Disorder

Functional Analytic Psychotherapy (FAP, Kohlenberg & Tsai, 1991; Kanter, Kohlenberg & Tsai, 2010; Tsai, Kohlenberg, Kanter, Kohlenberg, Follette & Callaghan, 2009) is a form of psychotherapy in its own right and can be combined with other therapies producing synergistic results (Kohlenberg, Tsai, Ferro, Valero, Fernandez Parra, & Virues, 2005). Its integration with other therapies is yielding good results (Busch, Manos, Rusch, Bove & Kanter, 2010; Callaghan, Gregg Marx, Kohlenberg, & Gifford, 2004; Gaynor & Scott, 2002; Gifford, Kohlenberg, Hayes, Pierson, Piasecki, Antonuccio & Palm, 2011; Kohlenberg & Callaghan, 2010; Kohlenberg, Kanter, Tsai & Weeks, 2010; Waltz, Landes & Holamn, 2010). Philosophically, FAP is based on the principles of radical behaviorism and contextualism. It emphasizes contingencies that occur during a session of therapy, in a therapeutic context and also emphasizes the functional equivalence between the two environments as well as natural reinforcement and shaping (Kohlenberg & Tsai, 1991, 1995a).

FAP proposed therapeutic targets called Clinically Relevant Behavior (CRB) (Kohlenberg & Tsai, 1991). There are three types of CRB. CRB1 are the client's problems that occur during the session. CRB2s are the client's improvements occurring during the session. CRB3s are the clients' interpretations about their own behavior that also include the causes. Also five Therapeutic Rules for therapists are proposed. They involve identifying, evoking, reinforcing, noticing the impact of reinforcement, and interpreting the client's behavior.

Many case studies have supported FAP (see Baruch, Kanter, Busch, Plummer, Tsai, Rusch, Landes & Holman, 2009; Ferro, 2008) and more specifically, it has been successful in cases of emotional problems (Ferro, Valero & Vives, 2006, López-Ber-

múdez, Ferro & Calvillo, 2010, López-Bermúdez, Ferro & Valero, 2010).

The explanatory model of self-development proposed by FAP (Kohlenberg & Tsai, 1991, 1995b), can explain problems of self and Personality Disorders. The process of acquiring the verbal report of "self" and the experience referred by the report is equivalent to the learning of concepts. The "self" or "I" as an independent unit emerges from previously learned longer sentences which contain "I" such as "I want...", "I see...", and "I am..." or in abstract form, "I x". The key to the development of "self" can be found in transferring the control of these self-referential responses from public stimuli to private stimuli, and the degree of difficulties with the self experienced by an individual can vary depending on the degree of private control that they have over their responses, "I x". In general, the fewer responses of this type that a person has under private control, the greater the confusion or difficulty in answering questions that have to do with personal preferences, desires, values, etc.. People with moderate disorders of self may have a significant number of responses of the type "I x" (I want, I feel, I can see, etc.) that are under public control, in part or totally. Their sense of self and their opinions, their moods or their desires may be quite affected by the presence of other people (Kohlenberg & Tsai, 1991).

The application of FAP in these disorders is still scarce. Callaghan, Summers y Weidman (2003) presents the treatment of a case of Histrionic and Narcissistic Personality Disorder, through the data collected with the FAPRS coding system, showing statistically significant positive changes on the client throughout therapy. On the other hand, Kanter et al., (2006) provided single subject data on two subjects with Major Depressive Disorder and Personality Disorders. The results indicate that one of the

subjects showed a clear improvement after introducing strategies FAP, while in the other subject there is no such obvious changes.

In the following article, a case study of a client is described. She showed symptoms of depression and anxiety, and also had a moderate disorder of self (Kohlenberg & Tsai, 1991, 1995b; Kohlenberg, Tsai, Kanter & Parker, 2009). The case study shows how therapy was carried out using FAP, the results obtained and the maintenance of these results during a follow-up of more than one year. In addition, this case represents the first application of Kohlenberg and Tsai's model of disorders of the self to a clinical FAP case, using the EOSS and other measures to demonstrate outcomes.

The protocol of therapy center included provide information about the therapeutic process, confidentiality, professional secrecy, and informed consent about records and scientific use of data, that the clients sign at the beginning of sessions. The client's personal informations not relevant for therapy have been changed to protect confidentiality.

METHOD

SUBJECT

Gloria was a 24-year-old college student when she came to the clinic. She was an only child and her family lived in a town. She met the criteria for Major Depressive Disorder of DSM-IV-TR (APA, 2001), including a depressed mood most of the day, markedly diminished interest in things, insomnia, tiredness and fatigue, excessive feelings of worthlessness and guilt, and decreased ability to concentrate.

The trigger for her depression was a sentimental break-up with a boy with whom she was in love. She described herself as very sensitive and as having difficulty in expressing how she was feeling. She found it difficult to be spontaneous and comments from other people affected her greatly. She hardly ever went out with other people and only focused on her studies. Although she was generally a good student, at that time she had started to fail several subjects and had decided not to sit two exams. This poor academic performance had affected her greatly. She stated that "I only see my studies as a refuge from my problems." She described herself as being very shy and had difficulty talking about her feelings. She spent the day crying but did not know why. She described that her problems had been coming for a long time, her grandparents (with whom he grew up) always compared her to others in a negative way, and one of her uncles had always put her down and told her that she would never amount to anything. During the first clinical sessions she made statements such as the following, "I am the fool of the family", "I have always kept everything in", "I have never really lived", and "I have never played, nor have I ever enjoyed anything".

In view of these data it was put forward that Gloria's problem was not only her current emotional state, but that she had an unstable self, classified as a less severe disturbance (Kohlenberg & Tsai, 1991, 1995b). That is, she had difficulty knowing how she felt, what she wanted, what she thought, and so on, depending on who was present. She was also very sensitive to criticism and lacked spontaneity.

We conducted a conceptualization of the case (Ferro, Valero

& López-Bermúdez, 2009; Kanter, Weeks, Bonow, Andes, Callaghan & Follette, 2009) from which the following Clinically Relevant Behavior (CRB) emerged:

- CRB1, avoidance behavior: avoidance of other people (not going out with class mates or friends, not going to the doctor, etc.), and avoidance of making requests (becoming blocked when talking about her feelings, needs, opinions, etc).
- CRB2: All "I x" responses that were emitted (both requested and spontaneous). That is, expressing her views, needs, desires. Facing criticism. Going out with friends and classmates.
- CRB3: Functional explanations about what was happening to her.

MEASUREMENT

We used the following measures. The *Experience of Self Scale* (EOSS, Kanter, Kohlenberg & Parker, 2001) is a tool which aims to analyze and measure the degree of public and private control over the experience of self. The EOSS has been administered to a sample of students and patients with Borderline Personality Disorder (BPD) and results indicated that the BPD patients have a strong degree of public control over their experience of self. In addition, EOSS scores presented high correlations with measures of self-esteem and dissociation (Kanter, Kohlenberg & Parker, 2001; Kohlenberg, Tsai, Kanter & Parker, 2009). The EOSS has 4 subscales that examine 5 experiences of the self (feelings, needs, attitudes, opinions and actions) depending on the type of public control (intimate and casual relations) and depending on the proximity (alone and accompanied). EOSS 1 generally the experience of self. EOSS 2 values the expression of the 5 experiences with a less familiar person (neighbor, acquaintance, etc.) EOSS 3 measures these experiences in relation to a more intimate personal relationship (family, friends, etc.). And EOSS 4 assesses the self as regards spontaneity, creativity, giving opinions, criticism both from people and self criticism. Also, we used the *Acceptance and Action Questionnaire* (AAQ; Barraca, 2004) developed to assess experiential avoidance and psychological acceptance, and the *Beck Depression Inventory* (BDI-II, Beck, Steery & Brown, 1996) evaluates the presence of symptoms and severity of depression

THERAPY

Treatment lasted a year over 23 sessions and a further follow up for a period of 13 months. It was decided to work directly with her control over her sense of self, since it was believed that this was the problem that had caused the emotional situation. Similarly, it was decided not to work on behavioral activation directly.

In general, the therapeutic rules proposed by FAP were followed (Kohlenberg & Tsai, 1991; Tsai, Kohlenberg, Kanter & Waltz, 2009), and more specifically, the recommendations for working with these types of problems of the self were followed (Kohlenberg & Tsai, 1991; Kohlenberg, Tsai, Kanter & Parker, 2009), including reinforcing her talking in the absence of specific external cues, matching therapeutic tasks to the level of private control in the client's repertoire, reinforcing as many of

the client's "I x" statements as possible, and the use of self-observation and being aware of what she was seeing.

The initial phase lasted approximately until the 7th session. In the first two sessions a functional analysis of Gloria's problems was carried out, from which the conceptualization of her CRBs arose. In the first session, the following questionnaires were administered: AAQ (Barraca, 2004), EOSS (Kanter, Kohlenberg & Parker, 2001), and BDI-II (Beck, Steery & Brown, 1996). In the 2nd session the nature of her depression was explained through the model proposed by Behavioral Activation (Martell, Addis & Jacobson, 2001). That is, negative life circumstances together with inadequate repertoires may be seen as an establishing operation (Michael, 1993) for loss of interest, other depressive symptoms (sadness, worthlessness, fatigue, etc.), and avoidance behaviors (passivity, ruminating thoughts, not taking the exams, etc.). This creates a vicious circle that is the depressive state. A description was also given of a slight disorder of self and its relationship with depression. Information continued to be gathered in order for a more complete functional analysis of the problem to be made. In Session 3 she admitted that she was surprised to hear herself speak with such naturalness of her problems (CRB2, recognizing an improvement). The therapist (T) described that she appeared to be more expressive when talking about her problems than in the other sessions (Rule 3, trying to reinforce this CRB2).

The fourth session evoked her insecurity around the issue of asking favors of others. After a long silence and appearing to be nervous (CRB1) she told T that she needed a letter to request a new sitting of an examination that she had missed. Asking for a favor in this case was interpreted as a CRB2. T said that in such situations (missing an examination) reports are not usually made but as he thought it was an improvement he would happily comply (naturally trying to reinforce CRB2). This caused a CRB1 as Gloria felt guilty and said "sorry," "forget it," and "please do not do it." T repeated the reasons why he would do so and said there was no need to apologize. Afterwards they analyzed the type of functional response "asking for favors" and how she had acted.

In the period from then until the 5th session, Gloria passed two exams. She acknowledged that since attending the sessions she had started to pass exams because she managed her time and was generally better organized. At no time was any intervention made directly, nor was she instructed to study. At this point, she acknowledged with a bit of distress that she had left two subjects for September (a mysterious response that had not appeared before) because she had not felt like studying and was not feeling well emotionally. In this session, she spontaneously admitted that she was in a better mood. Also in this session she was asked to do the exercise to *Dream With Eyes Open*, in this exercise asks the client to describe what are their dreams, their desires to achieve in your life. Which she found very difficult (such as is stated in Kohlenberg and Tsai, 1991, that people with moderate disorders of the self have difficulty doing these introspective exercises) and came up with some obvious nervous answers: "being with my family, traveling ..."

In Session 6, T reinforced the changes because he saw her to be more talkative and animated. She expressed for the first time the cause of her discomfort: "I've been in love with a guy

who abused me. He has humiliated me many times. He always used me and we have never been an even couple. I commit to a relationship without thinking of myself. I realized he was not interested in me as a partner" (CRB2 and 3). T saw how she was avoiding calling him by his name (CRB1) and first mentioned his name after questions from the T (CRB2). T analyzed what she expected from a relationship within a couple, something that was difficult for her. In the 7th session a *Non-dominant Hand Writing Exercise* was performed (Tsai, Kohlenberg, Kanter & Waltz, 2009) which consisted of asking her to write about how she felt, what she feared, desired, and so on with her non-dominant hand. The goal was to evoke CRB related to emotional expression with fewer opportunities to avoid. Answers included: "I am afraid of being lonely," "It is very hard to talk about my personal stuff," "I'm fighting against my problems," "I want others to accept me as I am," "I am trying to overcome what I have not been able to overcome," "I am afraid to meet up with my friends," "I have not been able to face this" (referring to the problem with the guy, CRB1 and 2).

A second phase was made up from the 8th to the 20th sessions. In the 8th session, she brought a gift from her home town to express her gratitude to T for the favor that he did with the report. Analysis was made as to whether she is generous to others as she had been to the T. Analysis was also made as to whether, when she was upset about something that she might have done to someone, she ever tried to do anything like she had just done with the gift. She said that she did not want to owe anything to anyone. She described how, in her home town, she had dedicated her time to her family and had been offended by a comment that her grandmother had made to her. As she described it, she appeared moved and she wept. She described in detail that she had been assertive and had faced up to the criticism. The T asked if she had ever done this before and if she had noticed a change. She said that her father realized that she was changing. She said that she had always avoided confrontations with her friends and especially with the boy in question ("I didn't ever have the courage"). At this point, the T explained what avoidance was and how it works by decreasing fears. He did not insist on discussing the problem of the boy (trying to adapt to the client's level).

The 9th session was a month after the previous session and she had been back to her home town. She said that things had been better with her family and that she had only been out a little with her friends but that she had tried (the shaping of T seemed to be taking effect, Rule 4). With her friends in this city and with her fellow students things were going very well. She spontaneously said, "Coming here has given me a lot of security." She sat for exams in two subjects and passed. She described her feelings in a spontaneous way "I am very happy". The T asked her what conclusions she could draw now from what had happened in the summer. (Rule 2, evoking CRB). She spontaneously began to talk about her feelings about the boy: "I was in love and he used me" and described the hard time she had been through, how she had felt his contempt for her and when he had laughed at her. Through the T's shaping, she gave examples and described situations in which she had had a very bad time and from which she had run away. Then and now were compared and the differences were highlighted. She was asked in what

ways she was changing. She was also asked what she feared at the time, to which she replied "I am afraid of falling back" (into a depression).

In the 10th session she continued saying that she was better and that her mother had said that she looked better. The T was aware and sensitive to the fact that she was dressed in bright colors and commented on the fact that she had always dressed in black before and that in this session she had come with more colorful clothes. The T asked what she thought had been the problem. To which she replied: "I didn't have any personality before. Now I am being me". For the first time she had taken a weekend off from studying to have fun with her friends. In the 11th session she stated that she was concerned about her grandparents because they had an argument and Gloria had tried to mediate. When asked if she would have done this before, she said 'no'. She spontaneously explained that she was often obsessed with family problems and at one point said, "That is just what I am like" (CRB2). The T asked her what things she was worried about and she said that she was worried about falling in love again, about going back to where she had been and about failing at school. In the 12th session she explained that the problems between her grandparents were not down to her and that if they did not want to sort it out, it would never be sorted out. She stated that she was coming to therapy feeling more relaxed and without feeling overwhelmed. When she was asked to set new goals and challenges, she concluded: "It is hard for me to give my opinion. I am afraid of being wrong. I do not know what I want". The *Free Association Exercise* was carried out (Kohlenberg & Tsai, 1991), trying to adapt it to her repertoire by using as common words (white, black, water, sun, etc.), making more structured task. During the exercise she appeared to be resistant and anxious.

In the 13th session she revealed, with difficulty, that she liked a boy. She found it difficult to talk about this, trying to get out of it and becoming blocked. What she was looking for in a partner was analyzed. As the T gave her some help by saying what he would look for in a partner, she became more spontaneous and described the values that she looked for "Someone with whom to share, start a project together, love, understanding, respect, trust and sincerity". The same exercise of free association was performed again with roughly the same words and she appeared to be calmer and more relaxed.

The 14th session took place six months after therapy started and the EOSS was administered again. She was still dressing in a different way compared to before. She explained that she was feeling good and had noticed a change of attitude in herself. Her father thought that she had changed a lot. The T also commented that he had noticed the change. She was more spontaneous when speaking (CRB2). They performed the exercise of free association and she was asked for the first time to close her eyes and speak of her desires, her needs and her feelings, increasing degree of private control. She spoke of her desires and needs without difficulty but apparently had trouble when talking about her feelings.

In the 15th session she said that she avoided going to the doctor and that she was not registered with any family doctor. She had failed an exam but that she had taken it well. She described her mood as good and said that she was calmer. The T stated

that she looked surer of herself, more spontaneous and more cheerful. She recognized this but maintained that she could not face people. The free association exercise was repeated with her eyes closed and she focused on what she felt, with the therapist helping with a series of descriptions of what she might be feeling at that time (quiet, calm, joy) and exposing her to mental images (a beach, etc.) and by encouraging her to describe what she was feeling, this time without help.

The 16th session was a month after the previous one. Gloria looked better and her dress sensibility had changed even more. After it was commented on, she replied that "I feel that I have a strength now that I didn't have this last summer". Her family were still seeing changes in her. She had been more spontaneous with almost everybody and went on to describe: "I have been singing, I have been laughing, I have been dancing..." She had had an oral presentation on a subject and although she had been very nervous, she had done it well. When asked about the boy who had hurt her, she said: "These days I feel indifferent towards him".

The 17th session was brought forward a week. She described how she had been stressed out with her studies (CRB2, talking about how she felt). She spontaneously said that she had had a fear for some time: "I've been running away from a problem for years because I was too afraid to confront it, afraid of going to my house". She did not know why (CRB1). The T shaped what could be the cause (Rule 5). She concluded that she avoided meeting the guy who hurt her and also avoided seeing her uncle and aunt who were critical of her.

The 18th session was a month after the previous one. She said she had returned home and had had a confrontation with her grandfather and that she had handled it well (CRB2). She spontaneously gave an opinion: "I do not like the people in my home town. I do not feel comfortable with them." "I saw a friend and it is not like it used to be." She spontaneously said that she had strong feelings for a boy (CRB2, talking about her feelings). She spontaneously said, "I'll pass on him, on Sunday I decided it was finished", and the T commented that she was avoiding. She acknowledged that it was to avoid getting hurt.

She brought the 19th session forward because she was feeling bad. She maintained that she thought that she was where she was a year before. The problem was that the guy who she had met said he was not sure of the relationship and did not know what to do and she proposed leaving things for the time being. She realized she was in love and that he had hurt her. The T tried to encourage her to express what she felt and what she had learned from this experience (Rule 5). The 20th session was 3 weeks later. She had been to her home town and had devoted her time to her family. She maintained that when she was with her group of friends in her home town she felt weak and put this down to the failure in her latest relationship. The free association exercise was carried out again, this time without any type of help and she had no trouble expressing her feelings (sadness, melancholy, insecurity). She explained that she left the session feeling stronger (CRB2).

The final phase was from the 21th session a month later. She spontaneously acknowledged that she had seen many improvements and differences from before. She had been awarded a scholarship and was going to spend the follow-

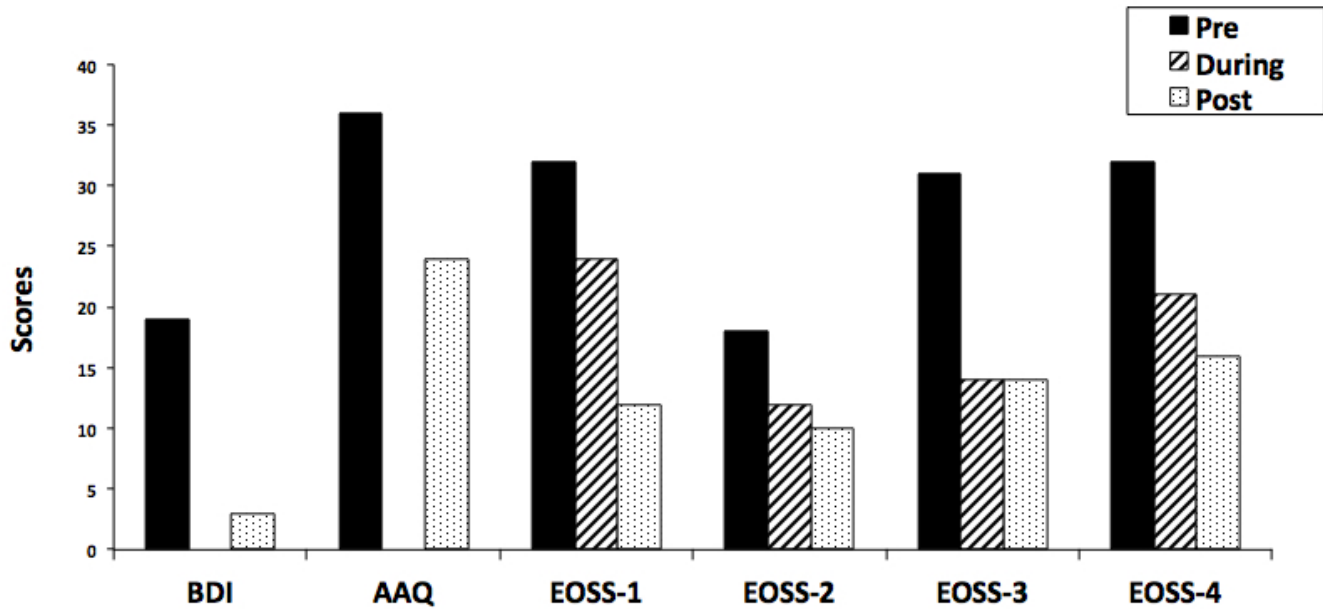


Figure 1. Data pre, during and post treatment from questionnaires applied to Gloria.

ing year abroad. She said that she was really excited about this (CRB2). She had faced some completely new situations (she had spoken to the university staff and that had gone well). The T asked her what she knew about the first guy (evoking CRB) and she said that she had not seen him for a year and then, for the first time, she described how she had had sexual relations with him and that it had not gone well. She also said that she had been speaking with the second guy who seemed to be running away from her (CRB2). On talking to him, he said that he was seeing another girl and that, on hearing this, she had not felt bad. Also, in her home town, she had had a confrontation with a girl in her group of friends who had criticized her (CRB2).

The 22th session was a month and a half after the previous. She noted many improvements and discussed her problems in the past tense. She acknowledged that her social relationships were going well and that those with her family too. As regards the home town friends with whom she had had difficulty, she said that she had been out with them and she had been fine (CRB2). As far as her studies were concerned, they were going well. She was studying and was not under too much pressure. She had had some exams and she had been calm. When asked by the T what she had learned from the treatment, she replied: "To be myself, to be more independent, to not care so much what others thought. Not to be afraid of getting to know people. Not to feel anxiety and not to feel affected by my family problems." The 23th session was a month after the previous one. She described how her exams were over and that she had failed one and that she had taken it very well and had slept for 8 hours (CRB2). She also indicated that she had had problems with her flat. Her landlady had not wanted to return her deposit and that she had faced this problem and had achieved what she wanted. She also said she was looking for a house or apartment abroad. The end of therapy was proposed. The AAQ, EOSS and BDI questionnaires were completed.

A telephone follow-up 6 months after the last visit was conducted. There was also a follow up via email 13 months after the last session, in which she said that she was abroad on a scholarship and that, thanks to the therapy, the experience was completely different and that the therapy had been an enriching experience.

RESULTS

Data from the various assessments during the therapy can be seen in Figure 1. At pretreatment, the total of the EOSS scores was 113, indicating a high public control of her self. The BDI score was 19, indicating moderate depression. On the AAQ she had a score of 36, indicating a clinical level of avoidance. After therapy and during follow-up, scores dropped significantly, with the total of the EOSS dropping to 52, the BDI dropping to 3, and the AAQ dropping to 24, which is in the normal range.

The scores of various subscales of EOSS can also be seen at three stages of the therapy. Previous data suggest that she had a high public control of self in general (EOSS-1: 32). It also showed public control of self when dealing with people with a degree of intimacy such as family and friends (EOSS-3: 31). It also showed a high degree of control in terms of spontaneity and creativity, both alone and with others (EOSS-4: 32). In contrast, the results were lower for her control of self when dealing with strangers (EOSS-2: 18).

Six months later, during treatment, there is a clear lowering of the scores (EOSS-1: 24, EOSS-2: 12, EOSS-3: 14 and EOSS-4: 21). This coincides with the improvement that had been detected in the clinic; her appearance had improved, she was more spontaneous, others described her as changed and she maintained that she felt different and now felt she was being herself. Although she could express her needs and desires well she still had problems in expressing feelings.

Six months later, when treatment had finished she felt much

better and the following evaluation scores were made: EOSS-1: 12, EOSS-2: 10, EOSS-3: 14 and EOSS-4: 16. In the last sessions she described how she had had a misunderstanding with another guy which, although she had been affected by it, she had been able to take it in another way. She knew how to express her feelings to both the therapist and the boy.

■ DISCUSSION

This case was treated as a moderate problem an unstable self (Kohlenberg & Tsai, 1991, 1995b) following the proposed recommendations of FAP. At no point were her depressive symptoms directly addressed by trying to improve her activities, but the treatment focused on putting her experience of self under private control. It seems that this therapy was effective, because the symptoms of depression were eliminated, she became more open to acceptance and her sense of self improved after the treatment, with the results being maintained after a follow-up of more than a year. The specific recommendations for treating problems of self seem to have been effective in this case. The FAP techniques proposed (free association, exercise of writing with the non-dominant hand, or dream with eyes open) may be clinically useful and are worthy of further study, but this case does not provide conclusive evidence that they are effective.

According to these results, the EOSS is a measure which may be dynamic and responsive to client changes over the course of treatment. In addition, EOSS results seem to coincide with the results compared with other measures such as BDI and AAQ. Moreover, it appears to be useful to evaluate the experience of self, indicating the level of control over this experience in social relations of differing degrees of intimacy and also indicating the level of spontaneity.

Therefore we know that it is very limited and that there are many alternative explanations for the case successful (e.g., the passage of time, the strong relationship with the therapist) and does not provide conclusive evidence that they are effective.

Overall, the amount of research on the EOSS has been modest, with only a single study by Kanter, Parker & Kohlenberg (2001). Further research is needed on this measure. Finally, although there are several examples of work where FAP has been applied with personality disorders, including Callaghan, Summers & Weidman (2003), Kanter, Landes, Busch, Rusch, Brown, Baruch & Holman (2006), and Koerner, Kohlenberg & Parker (1996), it is clear that more research needs to be conducted in this area.

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