Many everyday issues require us to manage cravings. For example, an alcoholic has to battle against cravings to drink, an addicted gambler against cravings to bet and anyone dieting against cravings to eat. In attempting to cope with cravings people typically attempt to use control based strategies, that is, strategies that attempt to alter the form or frequency of the craving. Thought suppression is one example of a control-based strategy; the idea is that if we can rid our self of the craving then we will better be able to control our behavior. However a recent third wave behavior therapy, Acceptance and Commitment Therapy (ACT), suggests that trying to control cravings may be difficult. More than this, ACT suggests that we do not need to control our cravings in order to control our behavior. Instead, ACT therapists train clients to be willing to experience cravings, whilst understanding that they can control their behavior no matter how strong those cravings are. The chapter will first describe the ACT approach to managing cravings, providing details of ACT theory and research, subsequently the ACT model will be outlined.
Control as the Dominant Way of Managing Cravings

The ability to battle cravings and urges is an important skill needed in everyday life. If we are on a diet then we have to battle cravings to eat certain foods. If we are cutting down on alcoholic drinks then we have to deal with cravings to drink. If we are quitting smoking then we have to handle cravings to smoke. If we are reducing drug intake then we have to manage cravings and urges to abuse substances. Almost all of us will have, at some time, spent countless hours developing ways to control our cravings so that we can control our behavior (e.g., food cravings in order to eat less to lose weight).

Indeed, in order to manage behavior that is a by-product of cravings the most common strategies involve attempting to ‘get rid of the cravings’ in order to change the behavior. The accepted rule seems to be that when unwanted thoughts, feelings, urges or cravings enter our minds that if we can get rid of or change those experiences then and only then we will be able to control our behavior. For example, if we can alter the experience and occurrence of a food craving then we will be able to manage our eating behavior in a more effective way. There are a number of everyday ways in which we can attempt to control a craving. We might try thought suppression i.e. each time a craving comes to mind then we attempt to remove it. We might try distraction i.e. every time a craving comes to mind think instead about something else. We might try to restructure the craving i.e. each time a craving comes to mind challenge how true the craving is. And it cannot be denied that common culture substantiates this agenda to ‘get rid of’ cravings by supporting the use of craving quenchers such as nicotine replacement.

There are additionally countless psychotherapeutic approaches in which clients are trained in different ways to control their thoughts, feelings and urges in order to control their behavior. However, recent research seems to suggest that attempting to challenge and change ways of thinking, or attempting to alter our internal experience may not be useful or necessary in controlling problematic behavior (Hayes, Strosahl & Wilson, 1999). In response to this evidence a number of ‘third wave’ therapeutic approaches have emerged that have shifted focus from challenging or suppressing internal experiences such as craving to being fully willing to experience and contact internal experiences. These approaches teach clients to use chosen values rather than internal reactions as a guide for effective behavior. One of the third wave approaches that has gained increasing empirical support over the last decade is Acceptance and Commitment Therapy (ACT: Hayes et al 1999).

Acceptance as an Alternative to Control

ACT is a third wave cognitive and behavioral therapy that encourages psychological flexibility. Psychological flexibility involves contacting the present moment fully and choosing to change or persist in behavior in the service of valued ends (Hayes, Luoma, Bond, Masuda & Lillis, 2006). Put more simply, ACT encourages clients to understand that they can still behave in a way that is consistent with their values, while having unwanted thoughts. This directly opposes control-based techniques such as thought suppression or distraction. An extensive body of literature now exists that demonstrates the counterproductive nature of attempting to remove internal experiences (Hooper, Saunders & McHugh, 2010; Hooper, Stewart, Freegard, Duffy & McHugh, 2012). From the ACT perspective any attempt at controlling internal experiences is referred to as Experiential Avoidance (EA). EA refers to attempts to alter the frequency, duration, or form of any private events such as thoughts, feelings and memories. (Hayes et al, 1999). However,
attempting to avoid such private events may be a core psychological process underlying the onset and maintenance of psychological disorders (Boelen & Reijntjes, 2008). The broad aim of the ACT therapist is therefore to reduce EA and increase Psychological Flexibility. 

In order to do this the ACT therapist will draw on the Hexaflex (see Figure 1). ACT therapeutic work involves six key processes proposed under the ‘Hexaflex’ model: Acceptance/Willingness, Cognitive Defusion, Contact with the Present Moment (i.e., mindfulness), Self as Context, Values and Committed Action. Acceptance in the ACT model, which should not be confused with resignation, refers to the way in which clients should embrace internal experiences, and to be willing to have them when attempts at changing their frequency might seem more natural. Cognitive defusion techniques undermine negative effects of thoughts by teaching clients to get some distance from them. This has a ‘de-literalisation’ effect on thoughts that alters their underlying function. For example, the use of the verbal convention “I am having the thought that…” may be used to highlight the non-literal quality of thoughts. Being Present encourages the client to maintain non-judgmental contact with psychological and environmental events that occur in the moment. Self as Context refers to the way in which clients are encouraged to take a number of different perspectives, allowing them to be aware of one’s flow of experiences without becoming too attached to them. Values involve encouraging the client to specify what he or she values in his or her life and to draw on those to direct their future behavior. Values provide the guide towards a healthier more vital existence. Through the processes of mindfulness and defusion clients are encouraged not to act on the basis of their internal experiences but rather to act in a value consistent manner. Without the specification of such values, the guide to action would remain unclear. Finally Committed Action involves the development of patterns of behavior that are consistent with the clients chosen values.

ACT Evidence Base

Research investigating the efficacy of ACT has gained real impetus over the last 20 years. This research has tended to fall into three categories; correlational research, outcome research and component research. Correlational research has involved comparing scores on measures of EA, via the Acceptance and Action Questionnaire II (Bond et al., 2011), with a variety of measures of psychopathology. According to Ruiz (2010) numerous correlational studies on depression and anxiety have produced positive correlations, suggesting that higher levels of EA are positively linked with higher levels of psychopathology. Outcome studies have suggested that the ACT package as a whole may be useful in a variety of domains. Research has found positive clinical outcomes in; depression (Zettle & Hayes, 1986; Zettle & Rains, 1989) anxiety disorders (Twohig, Hayes & Masuda, 2006; Twohig, 2007) social phobias (Block, 2002; Dalrymple & Herbert, 2007) sub clinical worries (Montesinos, Luciano & Ruiz, 2006) psychotic symptoms (Bach & Hayes, 2002; Gaudiano & Herbert, 2006) personality disorders (Gratz & Gunderson, 2006) addictive behaviors (Hayes, Wilson, et al, 2004) chronic pain (Dahl, Wilson & Nilsson, 2004; Vowles & McCracken, 2008) reducing distress with cancer patients (Montesinos & Luciano, 2005) epilepsy (Lundgren, Dahl, Yardi & Melin, 2008) in work settings (Bond & Bunce, 2000) and sports performance (Fernandes, Secades, Terrados, Garcia & Garcia, 2004; Ruiz & Luciano 2009).

During the course of any therapy, the client will be exposed to a number of different processes. It is important to ensure that each of the processes employed by an approach are useful and necessary. Hayes, Luoma, Bond, Masuda and Lillis (2006) suggest that studies that investigate the individual components of the ACT model are crucial to the efficacy of
such a treatment. They hold this view because outcome studies, which despite providing valuable evidence to the overall effectiveness of the therapy, do not allow a microscopic view of the elements of the therapy that work, and those that work less well. Without such study, the improvement of the therapy as a whole will suffer. Since its’ inception, much research has been conducted on the individual components of ACT. Indeed Levin, Hildebrandt, Lillis & Hayes (2012) recently conducted a meta-analysis of 66 ACT component studies. The results indicated significant positive effect sizes for acceptance, defusion, present moment and values.

The positive results of the research presented thus far inform us that ACT is an evidence-based therapy worthy of consideration in the world of Psychotherapy. In the current context, however, it is of particular importance to describe the research that has investigated the way in which ACT can be used to manage cravings and subsequently alter problematic behavior. Although some research investigating cravings has been conducted on disorders of substance abuse (Twohig, Shoenberge & Hayes, 2007; Hayes et al, 2004) the majority of research investigating the ACT approach to cravings has fallen into 2 major areas; food and cigarette cravings.

One type of food that we tend to crave more than most is chocolate (Erskine & Georgiou, 2012), therefore much research has been conducted that aims to determine whether certain techniques can be useful in managing chocolate cravings and consumption. Forman, Hoffman, McGrath, Herbert, Brandsma and Lowe (2007) gave participants a bag of Hershey’s kisses to carry with them for a 48-hour period. However, they asked the participants not to eat any of the wrapped chocolate pieces in the bag. In order to help them manage their cravings and behavior the participants were either given an acceptance-based intervention, a control-based intervention or no intervention. Results indicated that participants given the acceptance intervention experienced better outcomes in terms of cravings and consumption. In a somewhat similar study, Hooper, Sandoz, Ashton, Clarke and McHugh (2012) asked participants to reduce their chocolate consumption for a weeklong period. In order to help them manage their cravings and behavior participants were either given a thought suppression instruction, a defusion instruction or no instruction. Following the end of the 7-day period participants were asked to return to the Lab to complete a taste test. When completing the taste test the participant was informed that they could eat as many blocks of chocolate as they needed to answer the items on the questionnaire. Although only minor differences in consumption occurred across the 7-day period, participants in the thought suppression and control groups experienced a behavioral rebound in the post experiment taste test i.e. they ate around 15 blocks of chocolate. Those in the defusion group ate only 3 blocks of chocolate. More recently, studies by Jenkins and Tapper (2013) and Moffit, Brinkworth, Noakes and Mohr (2012) have conducted similar studies and found that cognitive defusion is of greater use than control-based strategies in managing cravings and eating behavior. In another study Alberts, Mulkens, Smeets and Thewissen (2010) compared mindfulness versus control interventions in an overweight and obese adult population in the management of food cravings. Results indicated that those participants in the mindfulness condition reported experiencing significantly less cravings following the intervention than those in the control group. Further research by Lillis, Hayes, Bunting and Masuda (2009), Forman, Butryn, Hoffman and Herbert (2008) and Tapper, Shaw, Ilsley, Hill, Bond and Moore (2009) has found positive results when employing acceptance-based strategies to help people lose weight. These studies included ACT techniques designed to help the clients manage food cravings.

Research investigating food cravings is important given the ubiquitous nature of eating behavior. This has become especially important in recent times when an obesity epidemic appears to have emerged in the western world (Centre for Disease Control, 2007)
However, another important area in which the management of cravings is essential is that of smoking. Recently some interesting research has suggested that ACT may be useful in helping people to manage their smoking cravings and behavior in a more effective way. Bricker, Mann, Marek, Liu and Peterson (2010) found that a 5-session ACT protocol delivered over telephone significantly helped participants to manage cravings and reduce smoking behavior. Impressively, at 12 month post treatment 29% of participants had not smoked at all, this is over double the quit rates found in standard telephone counseling (12%). Two other studies, in which ACT has been delivered in group format, have found similar positive results in terms of quit rates (30%-35%) (Hernandez-Lopez, Luciano, Bricker, Roales-Nieto & Montesinos, 2009; Gifford et al, 2004). As previously mentioned, although the utility of ACT outcome research is important, investigating the individual components also provide insight into the usefulness of any therapy. Some interesting research has been conducted which investigates the use of different ACT components in reducing smoking behavior. For example, Brewer et al (2011) found that mindfulness training reduced cigarette consumption and Hooper et al (in prep) found that a defusion based intervention helped to reduce cigarette consumption over a two week period when compared to thought suppression and control.

ACT research is still in its relative infancy, nevertheless the quality and quantity of empirical studies to date is impressive. At worst, it suggests that further investigation into ACT may be warranted to determine its utility in managing a whole host of Psychological Disorders. Research investigating the ACT approach to managing cravings is also developing at a rapid pace. The remainder of this chapter will describe how the ACT approach might be used to help a client manage cravings in session. For clarity sake we will choose a client who presents with the inability to control food consumption and thus lose weight. But the protocol could well be applied to a client attempting to handle any craving.

**The ACT approach to managing cravings**

**Cravings are Here to Stay**

As previously described, the majority of clients will enter a therapeutic session with a history of trying many control-based ways to manage their cravings and eating behavior. These might be common sense techniques such as distraction, or they might be techniques that have been learned from a Psychotherapist such as restructuring. Regardless of their form, it is likely that each of the techniques the client has tried has so far has involved trying to get rid of food cravings.

In the first stage of therapy, the ACT therapist would be looking to undermine control as a useful technique for managing food cravings. This would involve the exploration of 2 questions.

- What techniques have you tried so far?
- How have they worked for you?

In the initial part of the session the therapist will also get the client to make a list of the ways in which they have attempted to control their cravings. And next to each attempt the therapist would record how successful the technique was in helping the client to lose weight. Here, the therapist is usually in a win-win situation as if any of the control strategies had worked up to this point then the client would not be seeking treatment. Importantly, the therapist does not need to didactically instruct the client as to the futility of trying to get rid
of the craving. Instead the therapist would look to slowly guide the client to a place where they can start to see control as the problem for themselves. This process is commonly called ‘drawing control out of the system’.

Undermining control in this way is an important part of the therapeutic process because many clients will enter therapy believing that the therapist can magically create techniques that will remove their cravings. In other words, they will enter therapy with a hope that control works. From this position acceptance is not an attractive alternative. The ACT therapist wants to guide the client to a place where they begin to question control as a useful or effective strategy.

After extensive discussion of control-based techniques in the management of food cravings, the client will start to become frustrated. This is because the therapist will not be providing solutions or new ideas to help the clients with their problem, but will instead simply continue to undermine control. It is likely that the client might begin to issue sentences such as ‘nothing works’ or ‘tell me what the answer is’. Once this sense of ambiguity and helplessness is present the therapist will bring together the idea that control may be the problem and that maybe it is time to try something different. It is from this place that the concept of willingness may be introduced.

**Becoming Intimate with our Cravings**

The major problem with employing control based techniques to manage unwanted thoughts, feelings, urges, or in this case cravings, is that we soon begin to make decisions in our life based on avoidance of private events rather than making decisions based on moving towards our values. A major example of this presents itself with ‘comfort eating’. Comfort eating usually occurs when we are unwilling to feel a particular feeling e.g. boredom, melancholia or anxiety. If controlling our emotions is our default strategy, then we will naturally seek ways to reduce our discomfort. Comfort eating represents one way to attempt to reduce how badly we feel. The problem is that when we act in the service of feeling better, this results in eating more, which is counterproductive for an obese person looking to lose weight. Here the person is reducing their discomfort in the short term by eating, but in the long term they have moved away from what is important to them (e.g., being healthy). Willingness is the alternative to avoidance in the ACT model and it can be defined as being open to one’s whole experience while also actively and intentionally choosing to move in a valued life direction. In the example above, willingness would the ability to choose to experience the negative feelings, without the need to reduce the discomfort (by eating).

Clients often confuse willingness for a feeling, but it is not. One does not have to feel willing in order to act willingly. For this reason, willingness is often described as an action or a choice; one can choose to be willing in a situation where avoidance would be easier. Clients also often mistake willingness for tolerance. Tolerance implies that negative experience is to be withstood until something better comes along i.e. it is another control-based technique. Willingness on the other hand involves openness and allowing, not as waiting or needing for something to change to a better thing if we are tolerant enough. Finally willingness is not loss or resignation, as the word acceptance can sometimes imply. It can be a life affirming, empowering and vitalizing experience to move towards what is important to you even when it is difficult to do so.

In the therapy room it is important to recognise that willingness is a skill to be learned, not just a concept that will provide miraculous results. It therefore takes time and practise. The job of the therapist is to manufacture situations where clients can choose to experience difficult thoughts or feelings. In this phase, attention is turned towards building
new behaviours that are about embracing, holding and compassionately accepting one’s experience. Clients often enter therapy to feel better (be happier), willingness aims to teach clients to feel better (get better at feeling) in the service of living better. The therapist guides the client to practise willingness so that they can apply it broadly to their lives. Remember that the client is taking a big step into the unknown here. Not many people allow themselves to come into contact with their difficult emotions, issues or cravings. The therapist is there to gently help the client to take these steps. They will do this in two ways; didactically teaching the client what willingness is and actively practising willingness in the present moment.

There are a number of ways in which a therapist can teach a client about what willingness is. Presenting the client with metaphors that display the utility of being willing would most likely do this. One of the more popular metaphors for this process is the ‘Joe the Bum’ metaphor in which it is displayed that if you spend all of your time trying to stop an unwanted guest (unwanted thought) from entering your party then you will not be able to enjoy the party. If, however, you are willing to experience the discomfort caused by the unruly guest then you will be able to spend more time engaging in the party.

There are also a number of ways in which a therapist can foster the action of willingness in the therapeutic session. The therapist could ask the client to be willing to contact the exact stimulus that they are avoiding. For example, a therapist may sit with the client whilst he is experiencing cravings to eat, and explore what it feels like to contact the craving but not act on it. Or the therapist might conduct a general willingness exercise in which the client is exposed to feeling discomfort without acting on the need to reduce it. One classic example of this is the ‘eyes on’ exercise in which clients are asked to go through the excruciating discomfort of holding eye contact with the therapist, whilst willingly continuing to experience the urges to look away.

Willingness involves embracing the moment, in the here and now, as it unfolds, fully and without defence. What we mean by fully is broad and inclusive, all emotions and mind content are there to be experienced, not just the parts we like. In the context of food cravings for the person looking to lose weight the issue of willingness centres around one question; ‘would you be willing to experience the discomfort that cravings bring if it meant you got to live a better quality life?’ Sometimes, however, having a grasp on willingness is not enough to help us control our behavior. Indeed the other the ACT processes of Defusion and Contact with the Present Moment are invaluable and were designed to aid us in spotting when our mind is not being helpful in getting us to where we want to be.

Coming Face to Face with the Passengers on our Bus

Minds are amazing. In fact you could describe the mind as the perfect problem-solving device. For example, if you were stuck in traffic then the mind would instantly come up with alternative routes, or if your child were having trouble at school, then your mind would instantly create ways to improve the situation. However, what many people do not realize is that in certain situations the mind is actually very bad for us. Imagine you were required to hold a bag of potatoes. In order to hold the bag you would probably use your hands. This is because in that situation your hands help you to achieve your goal. Now imagine I asked you to move from your car to your house. You probably wouldn’t use your hands to do this; you would use your legs. This is because your hands were not designed to be helpful in that context. The mind is the same. In some situations it helps us to achieve our goals, but in other situations it simply gets in the way.

This principle could not be stronger than in the realm of weight loss. The goal is obvious; lose weight. The way to lose weight is obvious; eat properly and exercise.
However, how many of us have been in situations where our minds have said to us ‘it wont matter if you miss one run’ or ‘one piece of chocolate cake isn’t going to make a difference’ or ‘I’m never going to lose weight so I might as well miss the gym and eat Ben and Jerry’s ice-cream’.

Too many of us listen to our minds in situations when it is not being helpful and it is not helping us move towards our goal. Defusion involves watching the process of thinking like one would watch a Television. The ACT therapist when introducing Defusion asks clients to take a step back and look at their thoughts. Clients would be asked to notice how the mind works, to notice how sometimes it can be unhelpful and to look out for the specific thoughts that the mind feeds them. But most of all, the ACT therapist would ask the client to notice how it is possible to control ones behavior in the face of the most difficult thoughts, feelings or cravings. In order to this for example, a therapist might put a piece of chocolate cake on a table and explore the craving and urge that the client feels. The therapist would make a point of noticing that despite the strong urges to eat the chocolate that the client has successfully experienced the craving without acting on it.

During the phase of therapy in which Defusion is being introduced, the job of the therapist is to help clients to see thoughts for what they are; just thoughts. This is done so that those thoughts can be responded to in terms of how workable and helpful they are in moving the person towards their goal, rather than in terms of how literally ‘true’ the thought is. For example, if an obese person had the thought ‘I’m so fat that people will laugh at me when I exercise’ the ACT therapist would assess the thought in terms of its ability to increase or decrease behavior, instead of trying to convince the client that the thought is not rationale or true.

ACT argues that the problem with human suffering, as it relates to thoughts, is not that we have the ‘wrong thoughts’, but rather that we spend too much time ‘in them’ or ‘looking from them’, rather than simply looking at them and observing them. Defusion attempts to allow the client to see thoughts as just thoughts that can be watched, and not taken too literally at times when they are unhelpful. A common misunderstanding is that our thoughts cause our behaviour. For example, if we asked someone why he or she ate the chocolate cake, a plausible answer might be ‘I felt I might as well given that I would never look like Kate Moss anyway’. This thought caused the subsequent action of bingeing. ACT holds that being less fused with, or being able to stand away from our thoughts, can enable us to take effective action in the face of and in spite of difficult thoughts.

There are a number of ways in which the therapist can facilitate Defusion in session. But as a rule, all of the exercises are attempts at reducing the literal quality of the thought, thereby weakening the tendency to treat the thought as what it refers to (truth) rather than what it actually is (a thought). The metaphor presented below is a classic defusion metaphor (first presented by Hayes et al, 1999) that is designed to change the relationship that the client has with their thoughts. The metaphor has been adapted for our client managing food cravings.

‘Imagine that you are a bus driver. You get to drive your bus wherever you like. This is much like your life; you get to move toward whatever value is important to you.

So here you are, driving in your bus of life, and in the distance you see somewhere that you want to go, a place that you would love to get to. For argument sake, lets call it ‘weight loss’. And so you start driving towards this area. The problem is that as you start driving towards this area a number of passengers run to the front of the bus and start shouting at you. They are really scary, aggressive, persuasive, sneaky and deceptive. They try any way they can to make you drive an alternative route.
Once you do change the route, the passengers go back to their seats and leave you alone. More often than not, you will heed the warning of the passengers, change your route, and drive aimlessly around the city. Never really moving towards that place that you want to be. One day you again see the goal, and start driving towards it. Once again all of these unwanted thoughts, feelings and cravings come to the front of the bus and start acting really aggressively. Prompting you to move away from your goal and continue drifting aimlessly. A few months goes by of driving around and never really going anywhere when you see the area of weight loss again. You start driving towards it. The passengers run to the front of the bus. But this time, instead of listening to them, you keep driving towards the place you want to be. As you do this, you begin to realize three things:

Firstly every time you drive towards that special place the passengers show up. Whenever we start moving towards things that are important to us you can guarantee that the mind will have something unhelpful to say about it! Secondly, there is no way to remove the passengers or to make them stop in their aggressive ways. Unwanted thoughts and feelings are like this, it’s very difficult to get rid of them. Thirdly and most importantly; as scary, aggressive and persuasive as these passengers are, they can’t physically hurt you and you don’t have to listen to them.

I want you to think about the thoughts and feelings that are on your bus. What do they look like, which one is the most powerful in altering your eating behavior, and are there times when you can drive your bus towards weight loss regardless of how much your mind is trying to bully you!

The Importance of Being Mindful

Too many clients waste time ruminating about the past, or worrying about the future. When this happens, they tend to lose sight of what surrounds them in the present moment. During this phase of therapy the job of the therapist is to help the client discover that life is happening right now, and to train them to be able to return to the present at times when they are inevitably dragged into the past or future.

A focus on the present moment is important because it is there that new learning occurs and where opportunities afforded by the environment are discovered. ACT aims to help clients let go of the struggle with personal histories, thoughts and feelings and show up to the life that is being lived in the moment. Contact with the present moment helps people step out of the world as restructured by our minds and to more directly, fully and mindfully contact the here and now. In order to do this, mindfulness training usually involves bringing the clients awareness to internal and external experiences as they occur in the moment, where each experience is simply noticed as it occurs. The client is taught not cling to the experience, it rises and it falls away. The idea is to sit back and watch what the mind does, each time it gets caught up in a thought, gently bring the mind back to ones direct experience. The goal of this process is to give people the ability to notice getting caught in their thoughts, and then training them in the skill of bringing their mind back to the present moment.

Below you will find a mindfulness exercise that might be used to help a client manage their eating behavior (this exercise is adapted from The Weight Escape workshops delivered by Ann Bailey and Joseph Ciarrochi). The way in which we consume food can sometimes be automatic. We are usually distracted by the television or conversation, and while engaged in these activities we lose contact with the process of eating. When this happens it is likely that we will eat vast amounts of food without much awareness of what we are eating. An eating mindfulness exercise is designed to slow down the process of
eating, and experience food in a purposeful way. This sort of exercise could be used to manage food cravings.

‘Mindfulness involves paying attention, on purpose, with an attitude of curiosity. Eating mindfully is an exercise designed to help you to slow down and notice the process of eating. From a practical point of view eating mindfully will increase the amount of time it takes to eat a meal. This is helpful given that it takes 20 minutes for your brain to know that you are full. But more than this, eating mindfully will also make food taste better and it will decrease your portions sizes. Underneath are a few tips for eating mindfully. Most people enter an eating mindful exercise in a somewhat cynical way but give it a go to see what happens. Psychological research consistently shows that those people who eat mindfully lose weight.

1) Minimize all distractions in your environment. If the T.V. is on, turn it off. If you have a book or magazine open, close it. You want to be able to fully attend to the food. Now you are ready to place the food in front of you.

2) Bring yourself into the present moment by deliberately adopting an upright and dignified posture. Then, gently redirect full attention to breathing, to each in-breath and to each out-breath as they follow, one after the other. You might want to count each breath until you get to 10 and then go back to one and count again. Do this for one to three minutes, with your food in front of you.

3) Scan your body. Notice where you are feeling your hunger sensations? In your belly, your mouth or maybe your head? Are you actually hungry? Or could this be an emotion, or a craving you are experiencing rather than hunger?

4) Now, take a portion of your food in either your hands or fork / spoon. Pay attention to the eating of the food. Be curious:
   a. **Sight**: Look at your food. Notice the different colors, textures and shapes the food has. Look at its asymmetries.
   b. **Smell**: Raise your food to your nose. Notice the qualities of the smell. Is it a strong smell or delicate? Where do you feel the smell most in your nostrils? The front, or in the back of your throat maybe?
   c. **Touch**: Place your food on your closed lips gently. What does it feel like? Is it prickly or textured? Or smooth and slippery?
   d. **Taste**: Finally place your food on your tongue. Notice the sensations. Where do you taste it most on your tongue? At the back, sides or front? Describe the taste to yourself. Is it powerful? Subtle? Familiar? Slowly notice the sensations change as you bite into the food, and eventually swallow. Is there an aftertaste? Where do you feel it?

Take the next portion. Again revisit every sense slowly as you eat. This time, stop at points throughout the eating process to reconnect with your body. Where is your hunger level now? Are you satisfied yet? If so where do you feel this satisfaction in your body? Do you want to continue eating? Attend to the rest of your meal in this way, by attending to all your senses mindfully. The idea is to slow the process of eating right down so you can start to notice the many distinctions and experiences you have with food.’

### Breaking Down our Self Stories

The question ‘What is the self?’ has troubled scientists, philosophers and theologians for hundreds of years. From an ACT perspective there are three important senses of self;
Over the course of time we learn to build a coherent story of ‘who we are’. Unfortunately, these stories, which are created by our minds, can function to restrict our behavior in certain contexts. For example, a client might have the following story ‘It is not my fault I eat too much, I’m just a fat person’. The Conceptualized Self refers to the many stories that we have built up about ourselves that we believe are representative of who we ’truly’ are. There is nothing inherently wrong with these stories; in fact they often help us to function well. For example, we may act professionally (turn up for work on time) because it fits in with a view of who we are ‘I am professional’. Unfortunately however, these same stories that may control our behavior in positive ways can also restrict us to live within their confines. Whole lives can become dictated by an attachment to the Conceptualized Self. In the case of the person battling cravings, they may have a story about themselves as being weak. When they consequently give in to a craving that behavior simply fits in with the story of who they are.

The ACT therapist will seek to lower this attachment to the Conceptualized Self by asking clients to contact their Self as Process and Self as Context. Self as Process can be thought of as a mindfulness related construct in which the client is constantly asked to return to the present moment from the stories that they happen to be wrapped up in at the time. Self as Context is the sense of self that is continuous, stable and always there. It is the sense of self that can step back and observe the Conceptualized Self in action. It is often referred to as the ‘observer self’. The self that does not get caught in believing the content of the Conceptualized Self (I am just a fat person) but the sense of self that can see such stories for what they are. In ACT, fostering Self as Context empowers the client to observe experience more freely and get on with the business of living, instead of trying to eliminate negative feelings before any valued direction can be taken.

A variety of techniques are used to help people make contact with themselves as observers, and to let go of whom they believe themselves to be (Conceptualized Self). One of the most well known exercises of this nature is called the Chessboard Metaphor (adapted from Hayes et al, 1999) and is represented below.

‘It’s as if there is a chessboard that goes out infinitely in all directions. It’s covered with different colored pieces, black pieces and white pieces. They work together in teams, like in chess, the white pieces fight against the black pieces. You can think of your thoughts, feelings and beliefs as these pieces; they sort of hang out together in teams too. For example, “bad” feelings (like cravings) hang out with “bad” thoughts and “bad” memories. Same thing with the “good” ones. So it seems that the way the game is played is that we select which side we want to win. We put the “good” pieces (like thoughts that are self-confident, feelings of being in control etc.) on one side, and the bad pieces on the other. Then we get up on the back of the white queen and ride to battle, fighting to win the war against cravings or anxiety or depression. It’s a war game. But there’s a logical problem here, and that is that from this posture, huge portions of yourself are your own enemy. In other words, if you need to be in this war, there is something wrong with you. And since it appears that you’re on the same level as these pieces, they can be as big or even bigger than you are, even though these pieces are in you. So somehow, even though it is not logical, the more you fight the bigger they get. If it is true that “if you are not willing to have it, you’ve got it,” then as you fight them, they get more central to your life, more habitual, more dominating, and more linked to
every area of your life. The logical idea is that you will knock enough of them off the board so that you will eventually dominate them—except your experience tells you that the exact opposite happens. Apparently the black pieces cannot be deliberately knocked off the board. So the battle goes on. You feel hopeless, you have a sense that you can’t win, and you can’t stop fighting. If you’re on the back of that white horse, fighting is the only choice you have because the black pieces seem life-threatening. Yet living in a war zone is a miserable way to live.

Without a board, these pieces have no place to be. The board holds them. What would happen to your thoughts if you weren’t there to be aware that you thought them? The pieces need you. They can’t exist without you, but you contain them, they don’t contain you. Notice that if you’re the pieces, the game is very important; you’ve got to win, your life depends on it. But if you’re the board, it doesn’t matter if the war stops or not. The game my go on, but it doesn’t make any difference to the board. As the board, you can see all the pieces, you can hold them, you are in intimate contact with them and you can watch the war being played out on your own consciousness, but it doesn’t matter. It takes no effort. The point here is that your cravings, unwanted thoughts and feelings, and stories about yourself are not you. They are simply experiences to be watched.

Figuring Out What is Important to You

Values can be defined as verbally constructed, global, desired and chosen life directions (Hayes et al, 1999). In everyday terms values are at the very heart of meaning and purpose for humans, they guide and define our lives. It is incredible how easily people become disconnected from the things that are most important to them. The job of the therapist in the stage of therapy is spend time clarifying the clients values. This is arguably the most important process in the ACT model. This is because values represent guide posts for our action, they give purpose to any mindfulness or defusion work being conducted in session and, in the deepest storms of life, when our minds are filled with unhelpful thoughts, they provide an anchor that can give us stability.

Importantly, the ACT approach is not about teaching clients a set of correct morals or values, rather it is about teaching clients a process of valuing that can guide them in making decisions long after the therapist has gone. This process is intended to help clients select directions for their lives that resonate with their deepest longings. With regards to cravings, the therapist would essentially exploring whether giving in to cravings is allowing the client to act in way that is consistent with health values that the client holds. This could be explored in number of ways throughout the therapeutic relationship. For example, one powerful exercise is ‘The Eulogy Exercise’ in which the client is asked to imagine they had died and could hear what people said at their funeral, they are then asked to describe what they would like to hear. Another popular exercise is the card sorting exercise in which clients are asked to gradually narrow down a list of common values until they are left with the three that are most important to them. Below you will find a well known values clarification exercise that was first created by Tobias Llungren and then popularized by Russ Harris. It is called ‘The Bullseye’. If this exercise were applied to client battling food cravings then particular attention would be paid to how much the client values their health, given that their eating behavior may be directly contrary to a health value.
We often become disconnected from what is important to us. The following exercise is designed to determine the different areas in your life that are important to you. As you complete the exercise it is important to ask yourself 3 questions:

1. What action can I take that will move me closer to the bull’s eye?
2. What actions have I taken that have moved me farther away from the bull’s eye?
3. What thoughts and feelings have stopped me from moving towards the bull’s eye?

The dartboard on the next page is divided into four important domains of life: work/education, relaxation, relationships and health. To begin with, please write down your values in these 4 areas of life. Not everyone has the same values, and this is not a test to see whether you have the "correct" ones. Think in terms of general life directions, rather than in terms of specific goals. Write down what you would value if there were nothing in your way, nothing stopping you. What’s important? What do you care about? And what would you like to work towards? Your value should not be a specific goal but instead reflect a way you would like to live your life over time. For example, to accompany your son to a football game might be a goal; to be an involved and interested parent might be the underlying value.

Note! Make sure they are your values, not anyone else’s. It is your personal values that are important!

1. Work/Education: refers to your workplace & career, education and knowledge, skills development. (This may include volunteering and other forms of unpaid work). How do you want to be towards your clients, customers, colleagues, employees, and fellow workers? What personal qualities do you want to bring to your work? What skills do you want to develop?

2. Relationships: refers to intimacy, closeness, friendship and bonding in your life: it includes relationships with your partner, children, parents, relatives, friends, co-workers, and other social contacts. What sort of relationships do you want to build? How do you want to be in these relationships? What personal qualities do you want to develop?

3. Health: refers to your ongoing development as a human being. This may include developing life skills, meditation, yoga, getting out into nature; exercise, nutrition, and addressing health risk factors like smoking.

4. Relaxation: refers to how you play, relax, stimulate, or enjoy yourself; your hobbies or other activities for rest, recreation, fun and creativity.

Read through your values, then make an X in each area of the dart board, to represent where you stand today. An X in the Bull’s Eye (the centre of the board) means that you are living fully by your values in that area of life. An X far from Bull’s Eye means that you are way off the mark in terms of living by your values. In this exercise pay particular attention to the way in which you are living by, or not living by, your value to live a healthy life style. Since there are 4 areas on the dartboard you should be leaving four X’s.

I am living fully by my values

I have lost touch with my values
Moving Towards our Values

If defining one's values provides the compass for one's deepest longings, then committed action describes the steps of the journey. A well lived life is the ultimate goal of ACT, and each of the ACT processes contribute to allowing the client to persist in behaviour change in spite of what the mind says. Committed action is like the final piece of the puzzle, the part that pushes the clients that final step toward actual behavior change. A core problem for many clients who visit therapy is that they have dropped out of important activities in their lives. Many people have visions of a life they wish to inhabit, but find themselves stuck living lives put upon them, not of their own choosing. Once values are in place, Committed Action steps in to ensure the clients commit to acting in a way that is consistent with those chosen values. The job of the therapist is to work with the client for behaviour change, while making room for all automatic reactions and experiences. It will invariably involve helping
the client to take responsibility for patterns of action, building them into larger and larger units that support effective values based living. In the case of the person battling cravings to eat, Committed Action would involve determining specific goals for eating behavior; for example a client might be asked to commit to refraining from eating chocolate for a weeklong period.

Conclusion

The ability to manage cravings is an incredibly important skill in the lives of many throughout the world. Whether one is battling with food or cigarette cravings, one will experience worse life outcomes if one persistently gives in to a craving. Acceptance and Commitment Therapy provides an innovative and evidence based approach to managing cravings and behavior. For those clients that do not respond to control-based strategies, moving towards what we value and letting cravings come along for the ride may just be the answer.

References


