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A Contextual Behavioral Approach to Pathological Altruism

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KEY CONCEPTS

- In the same way that the process of natural evolution selects features of the human species, the cultural environment selects for patterns of behaviors during the lifetime of an individual or a group.
- One particular form of human behavior, language, is of great survival value. But language also amplifies the way we experience both the positive and negative aspects of the world. Verbal processes can reinforce behaviors that are damaging for individuals and groups.
- Some verbal behaviors that may play a role in pathological altruism are *experiential avoidance*, a *conceptualized self*, *perspective-taking*, and *values-based action*.
- *Acceptance and commitment therapy* and *Relational Frame Theory* lay forth a scientific framework and provide tools to modify such behaviors, which points to their potential utility to reduce pathological altruism.

The concept of altruism has intrigued researchers and philosophers over the centuries (Batson, 1991a); it seems central for the understanding of human relationships and the organization of societies. The degree of cooperation and altruism among humans, as shown by their varied organizations and other social units (e.g., universities, governments, religious groups, business corporations, etc.), far exceeds other social animals. The survival of the human species in an astonishing array of ecosystems on Earth is arguably due in part to these varied forms of behavior¹ (Fehr & Fischbacher, 2003).

Altruism has been described as a voluntary act that is an end in itself—it does some good to the other, is not directed toward self-gain (Leeds, 1963), and generally implies some sense of self-sacrifice (Krebs, 1970). In a more fundamental way, altruism has also been described as “costly acts that confer economic benefits on other individuals” (Fehr & Fischbacher, 2003, p. 785).

Pathological altruism, as a special case of altruistic behavior, is the subject of consideration in this volume. As the chapters themselves show, the concept has a variety of interpretations. This is not surprising. Lay terms such as *altruism*, although quite frequent in scientific writing, cannot be clearly defined scientifically. Such terms are vague and hard to define for the very same reason they are widely adopted and highly accepted—that is, because they can be used in a variety of settings and with a variety of connotations.

Our understanding of the term “pathological altruism” suggests it is generally used to refer to (a) the actions of individuals with the intention of promoting the welfare of others that cause needless harm to themselves or others, (b) an excess of the “self-sacrificing” aspect of altruism implicit in most common definitions of altruism itself, and (c) a repetitive pattern of this feature that makes the pattern of action more pervasive and more problematic.

In other words, we take as the domain of our analysis socially well meaning but harmful and excessive forms of self-sacrifice that become more pervasive and problematic over time. Examples of pathological altruism might include workaholism (e.g., Scott, Moore, & Miceli, 1997), excessive ascetics or helping behavior (e.g., Fallon & Horwath, 1993), or the damage of maintaining a relationship with a physical or sexual abuser (e.g., Campbell, 2002).

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1 In this chapter, we will develop a more precise
2 account of these three aspects of pathological
3 altruism on the basis of a contextual behavioral
4 science approach (CBS; Hayes, Levin, Plumb,
5 Boulanger, & Pistorello, in press; Vilardaga,
6 Hayes, Levin, & Muto, 2009). CBS refers to a set
7 of analytic assumptions and strategic choices
8 regarding scientific development that have
9 emerged from behavior analysis but have been
10 applied in the creation of an approach to human
11 language and cognition called Relational Frame
12 Theory (RFT; Hayes, Barnes-Holmes, & Roche,
13 2001). In addition, an applied model of interven-
14 tion emerged based on RFT called *acceptance*
15 *and commitment therapy* (ACT; Hayes, Strosahl,
16 & Wilson, 1999). We will provide an interpreta-
17 tion of pathological altruism from within that
18 perspective.

19 CONTEXTUAL BEHAVIORAL 20 SCIENCE AND PATHOLOGICAL 21 ALTRUISM

22 The cultural/verbal environment can select
23 human behaviors in very specific ways, but it
24 would be unscientific to simply refer to the “influ-
25 ence” of cultural factors without further analysis.
26 For this reason, in this section we will introduce
27 RFT (Hayes et al., 2001), a theory that explains
28 the interactions between the cultural/verbal envi-
29 ronment and human behavior. We will also intro-
30 duce key concepts of this approach that are
31 relevant to the organization of human beings into
32 groups and to the topic of pathological altruism.
33 This will require explaining some of the technical
34 terms in RFT.

35 RELATIONAL FRAME THEORY 36 AND THE IMPORTANCE OF 37 LANGUAGE CONTEXTS

38 Relational Frame Theory is a contextual behav-
39 ioral account of language and cognition that
40 argues verbal stimuli have their impact on human
41 behavior because of their participation in what
42 we call *relational frames*. All complex organisms
43 learn to respond relationally to the environment.
44 For example, a primate learning to choose the
45 larger of two small piles of food will abandon the
46 large pile if the choice of an even larger pile is
47 now available.

48 But human beings with the right kind of learn-
49 ing histories seem to be able to bring such *relational*
50 *responding* under the control of arbitrary cues and
51 then to respond relationally to events as specified
52 by these cues. For example, a 3-year-old may prefer

a nickel over a dime because it is larger (based
upon the formal property, its size); but a 6-year-old
will prefer a dime over a nickel because *it is larger*
(based upon its arbitrary property, its value).
Specific forms of this kind of arbitrary applicable
responding² are termed relational frames.

Relational frames have three distinct features:
mutual entailment, *combinatorial entailment*, and
transformation of stimulus functions. Mutual
entailment occurs when a human organism learns
a relation between event “A” and “B” and then
derives the relation between “B” and “A.” For
example, a person who learns that the French
word *secours* is the same as the word *help*, may
derive that *help* is the same as *secours*. The same
individual, told that the word *help* is the same as
the word Spanish word *ayuda*, may derive that the
word *ayuda* is the same as the word *secours*. This
quality of relational frames is referred to as com-
binatorial entailment. If this person is walking on
the street in France and hears “Ayuda! Ayuda!”
new behavioral functions may emerge, such as
feelings of fear in the presence of those words, or
seeking help by shouting “Secours! Secours!” This
is an example of transformation of stimulus func-
tions (the word “Ayuda!” acquires the functions of
the word “Help!”), which is a change in the func-
tions of related events based on specific functional
cues and the mutual and combinatorial relations
among them. In this case, calling “Help!” and feel-
ing fear in response to that call from others is now
available in other functional contexts with regard
to *secours* and *ayuda*. What is learned is not nec-
essarily the relations among a series of events, but
rather a response frame.

Relational framing is readily demonstrable in
human infants (Lipkens, Hayes, & Hayes, 1993),
and a variety of studies have shown that a history
of multiple exemplars seems to be needed to learn
relational frames (e.g., Berens & Hayes, 2007;
Luciano, Becerra, & Valverde, 2007). The advan-
tage of relational responding occurred even before
elaborate forms of language evolved culturally
(e.g., metaphor, logic, storytelling). A human
ancestor, unlike other organisms, would be able to
communicate with others by pronouncing “food”
upon seeing food and to search for food upon

The core unit of language, *relational framing*, develops across the life of an individual due to the specific selective processes performed by the social and cultural environment.

1 being told the word “food.” From an RFT point
 2 of view, the small step forward, evolutionarily
 3 speaking, of regulating relational responses by
 4 arbitrary contextual cues, provides a profound
 5 way to analyze language and cognition.

6 If human beings are advantaged in their
 7 ability to walk on two feet, that evolutionary step
 8 was not intentional. It was merely selected. The
 9 same is true within the lifetime of individuals.
 10 The core unit in language responding, relational
 11 framing, develops ontogenetically³ due to the
 12 selective process performed by the social and
 13 cultural environment. The same applies to the
 14 elaboration of language functions that are built
 15 on the foundation of relational framing.

16 Language contexts provide many advantages
 17 to the human species. They further the organ-
 18 ism’s ability to manipulate long-term events and
 19 have more effective control over the environ-
 20 ment. Relational responding transforms the way
 21 learning normally occurs. It both produces and
 22 constrains behavioral variability, which ulti-
 23 mately leads to an accelerated process of adaptive
 24 behavior. If a person is told, “You will have food
 25 next winter if you plant seeds now,” this person
 26 can learn the value of the specified action based
 27 on consequences experienced months later. This
 28 restricts variability in one sense (e.g., to effective
 29 forms of food production) but in another sense
 30 expands it (e.g., to include forms of behavior that
 31 would be difficult to be arrived at by trial
 32 and error). As will be seen later, an organisms’
 33 ability to predict and control is a key feature that
 34 helps explain some of the advantages and disad-
 35 vantages of relational responding.

36 Relational responding also increases the abil-
 37 ity of humans to interact with one another in
 38 specific ways at the group level, increasingly over-
 39 coming the limits of physical and temporal prox-
 40 imity. This has been expanded enormously by
 41 human inventions (i.e., written language, printing
 42 presses, Morse code, radio, television, cellular
 43 phones, satellite transmission, the Internet, text
 44 messaging), themselves based in part on these
 45 same relational abilities. The ability of these inven-
 46 tions to organize group behavior is obvious, as

Language contexts seem to function virtually as a kind of behavioral “organ” at the level of the group. This “organ” is transmitted from generation to generation regardless of the survival of specific individuals.

when during the 2009 elections in Iran, Twitter 47
 allowed protesters to organize themselves and to 48
 coordinate their behavior to avoid being caught 49
 by government officials (Morozov, 2009). 50

Furthermore, because derived relations are 51
 arbitrarily applicable, the group can regulate 52
 behavior in increasingly fine-grained ways. 53
 Highly precise and arbitrary cultural practices, 54
 rituals, and distinctions can be readily made via 55
 human language. Language contexts seem to 56
 function virtually as a kind of behavioral “organ” 57
 at the level of the group. This “organ” is transmit- 58
 ted from generation to generation regardless of 59
 the survival of specific individuals. 60

The evolutionary and social/cultural contin- 61
 gencies that have selected the ability to acquire 62
 relational responding do not ensure that life is 63
 “better” for those with these responses. Language 64
 contexts can be both harmful and helpful. 65

**THE DARK AND LIGHT SIDES 66
 OF HUMAN LANGUAGE 67**

Experiential Avoidance 68

Verbal stimuli are regulated by context, but in 69
 the social world these contexts become so over- 70
 extended that language begins to harm human 71
 functioning in certain domains. For example, 72
 human language can increase the pervasiveness 73
 of aversive events. If an individual’s relational 74
 ability leads to establishing a relation between the 75
 name of certain flower and the loss of a previous 76
 romantic relationship, this in turn can lead to 77
 experiencing the sadness associated with this 78
 original event upon hearing the name of the 79
 flower. This process of aversive conditioning may 80
 generalize via relational framing, perhaps leading 81
 the person to avoid any verbal reference to such 82
 flowers. Because framing is not mere association, 83
 even wildly different contexts can have the same 84
 effect if they are related to flowers in ways such as 85
 opposition, distinction, or hierarchy: Even a 86
 desert landscape could evoke the idea “no flowers 87
 could grow there” and sadness might now show 88
 up in the context of barren landscapes. 89

Experiential avoidance is the individual’s attempt to suppress, change, and alter the form, frequency, or intensity of uncomfortable thoughts, feelings, and memories.

A natural result is experiential avoidance: the 90
 attempt to suppress, change, and alter the form, 91

1 frequency, or intensity of uncomfortable
2 thoughts, feelings, and memories (Hayes, Wilson,
3 Gifford, & Follette, 1996). Experiential avoidance
4 has a paradoxical and pervasive negative effect
5 in human's functioning, often narrowing an indi-
6 vidual's options or choices. Numerous studies
7 showed that this process is related to depression,
8 anxiety, trauma, and low quality of life (Hayes
9 et al., 2004b; Hayes, Luoma, Bond, Masuda, &
10 Lillis, 2006) among others.

11 The Conceptualized Self

12 "Self," from a behavioral perspective (e.g.,
13 Skinner, 1974), refers to an organism's ability to
14 discriminate its own behavior and respond to a
15 current situation on that basis. Among humans,
16 this process is in part verbal (Dymond & Barnes,
17 1995, 1997; Hayes & Wilson, 1993). When people
18 describe themselves or hear others describe them,
19 they form a self-concept. In a sense "who they
20 are" can become a coordinated list of central
21 evaluative and descriptive relations.

22 This natural process can also become reper-
23 toire narrowing. The terms used to characterize
24 people are easily overextended, both positively and
25 negatively. A person may be "stupid" because she
26 does not have skills in just a few areas, or "kind"
27 despite the fact that in some contexts he is not.
28 Further, people can easily become excessively
29 dependent on the views (or perspectives) of others.
30 Children who receive too strong, aversive, or incon-
31 sistent training linked to self-conceptualizations
32 from others may become hypersensitive to cues of
33 this kind.⁴ Experiential avoidance and entangle-
34 ment with a conceptualized self are examples of
35 the repertoire narrowing effects of language. Other
36 language processes are more helpful as they apply
37 to the topic of this chapter.

38 Deictic Framing

39 From an RFT point of view, *deictic framing* is a
40 form of relational responding that establishes
41 a specific relation based on the perspective of a
42 speaker such as I-you, here-there, and now-
43 then. What is unique about deictic frames is that
44 they can only be taught via demonstration since
45 there are no parallel relations defined by the
46 formal properties of the objects that are related.
47 For other relational frames (i.e., comparison), a
48 nonarbitrary relationship (i.e., "This object is
49 bigger than that one") exists, which later can be
50 abstracted and be verbally applied (i.e., "A nickel
51 is smaller than a dime"). Deictic frames are not
52 like that. For example, "here" versus "there" is

Deictic frames are a set of relations based on the perspective of a speaker (i.e., I-you, here-there, and now-then).

defined only with regard to a perspective or point of view. 53 54

What training in deictic framing skills estab- 55
lishes is what is commonly known as "perspective- 56
taking." As children learn deictic relational 57
responses, they learn to adopt different perspec- 58
tives in order to disambiguate these relations. They 59
learn there is a perspective of "I/here/now" but 60
that it is different from the perspective of others, 61
or of themselves at another time and place. 62

Despite their complexity, these skills are funda- 63
mental to the use of language in several areas. 64
Storytelling, for example, requires that a listener 65
possess perspective-taking skills (the ability to 66
imagine how the story unfolds from the perspec- 67
tive of various characters) or a great deal of the 68
story will be missed. 69

Relational Frame Theory researchers have 70
found that deictic framing emerges developmen- 71
tally over time (McHugh, Barnes-Holmes, & 72
Barnes-Holmes, 2004a) and can be trained (Weil, 73
2007). Further, lack of deictic framing is associ- 74
ated with such key social phenomena as social 75
anhedonia (Villatte, Monestes, McHugh, Freixa i 76
Baqué, & Loas, 2008), empathy and stigma 77
(Vilardaga et al., 2008), schizophrenia (Villatte, 78
Monestes, McHugh, Freixa i Baqué, & Loas, 79
2010), theory of mind (Weil, in press), sense of 80
self (Rehfeldt, Dillen, Ziomek, & Kowalchuk, 81
2007b), and false belief and deception (McHugh, 82
Barnes-Holmes, & Barnes-Holmes, 2004b). 83

Values-based Actions 84

Values have been defined within a CBS approach 85
as "freely chosen, verbally constructed conse- 86
quences of ongoing, dynamic, evolving patterns 87
of activity, which establish predominant reinforc- 88
ers for that activity that are intrinsic in engage- 89
ment in the valued behavioral pattern itself" 90
(Wilson & DuFrene, 2009, p. 66). We call these 91

Values are freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself.

1 behaviors *values-based actions*, that is, behaviors
 2 selected by positive relational contingencies
 3 (see Dahl, Plumb, Stewart, & Lundgren, 2009, for
 4 a book length presentation of values).

5 Relational responding can establish appeti-
 6 tive functions even in difficult current environ-
 7 ments. Consider the work of a scientist. Even if
 8 the research has so far failed to yield important
 9 results, and extrinsic rewards are few, the work
 10 can be intensely meaningful. Every day can be a
 11 joyful exploration, because it is about something
 12 relationally construed as valuable (i.e., contribut-
 13 ing to a “better world”). Values-based actions are
 14 more likely to promote and sustain constructive
 15 patterns of behavior over time than experientially
 16 avoidant actions, and have been linked to a vari-
 17 ety of positive outcomes (e.g., Elliot, Sheldon, &
 18 Church, 1997; Sheldon & Elliot, 1999; Sheldon,
 19 Kasser, Smith, & Share, 2002).

20 **REDEFINING PATHOLOGICAL**
 21 **ALTRUISM FROM A**
 22 **CONTEXTUAL BEHAVIORAL**
 23 **APPROACH**

24 The verbal processes just described can go a long
 25 way toward explaining the three aspects of patho-
 26 logical altruism described earlier. Pathological
 27 altruism, we argue, may be a form of experiential
 28 avoidance, made more likely by weaknesses in
 29 a deictic framing repertoire and entanglement
 30 with a conceptualized self, in combination with
 31 a specific set of ongoing values. Generally healthy
 32 prosocial processes, such as empathy and values-
 33 based action, are harnessed by this avoidant pro-
 34 cess, which self-amplifies due to its rule-governed
 35 and avoidant nature. In the sections below, we
 36 briefly walk through each of these claims follow-
 37 ing the model presented in Figure 3.1. We will
 38 use clinical examples to facilitate our presenta-
 39 tion of the model throughout.

40 In this model, deictic framing has a central
 41 role, since it has a theoretical link to both the
 42 dysfunctional side of language (e.g., the forma-
 43 tion of experiential avoidance and a conceptu-
 44 alized self) and the mediation of our social
 45 interactions, as well as in the undermining of
 46 such effects through the development of a more
 47 stable sense of self (see Vilardaga & Hayes, in
 48 press, for a presentation of this model in the
 49 context of the therapeutic relationship). The ulti-
 50 mate utility of such a model is not to represent
 51 the “reality” of the phenomena, but to aid the
 52 researcher in thinking about the subject matter
 53 in a more effective way.

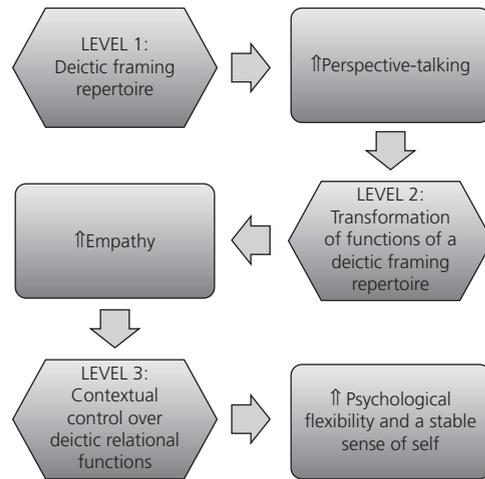


FIGURE 3.1 A three-level perspective-taking model to account for psychological flexibility and a stable sense of self.

54 **A DEICTIC FRAMING**
 55 **REPERTOIRE**

56 According to this model, deictic framing allows
 57 the individual take multiple perspectives. This
 58 basic ability could account for an individual's ten-
 59 dency to acknowledge other individual's needs.
 60 The ability to take multiple perspectives can have
 61 both a positive and negative impact at the level of
 62 the group as we will later see (Figure 3.2).

63 Deictic framing may be essential for an opti-
 64 mal psychological functioning and for establish-
 65 ing healthy human interactions. Research has
 66 shown that perspective-taking is related to prosoc-
 67 iality (Underwood & Moore, 1982), reduced
 68 delinquency (Chandler, 1973), and increased
 69 social competence and knowledge (Silvern,
 70 Waterman, Sobesky, & Ryan, 1979) among others.⁵
 71 In addition, lack of perspective-taking has been
 72 noted in eating disorders, schizophrenia and
 73 social phobia (Imura, 2002; Rupp & Jurkovic,
 74 1996; Schiffman et al., 2004; Wells, Clark, &
 75 Ahmad, 1998).

76 Deictic framing may be an essential skill for
 77 social functioning, but its effects are not always
 78 positive. Sometimes adults who have acquired
 79 complex perspective-taking abilities do not use
 80 them in their social interactions (Keysar, Lin, &
 81 Barr, 2003). There are also circumstances under
 82 which perspective-taking does not lead to prosoc-
 83 ial outcomes, such as when people dislike the
 84 individuals for whom they are induced to take
 85 perspective (McPherson Frantz & Janoff-Bulman,

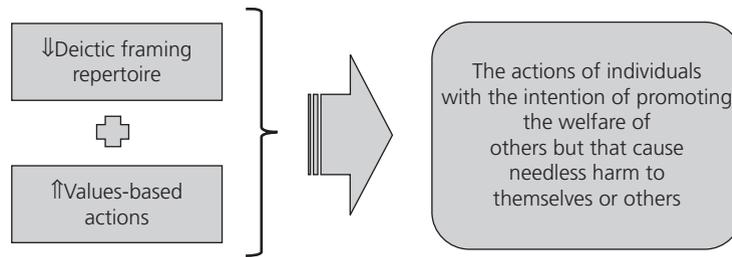


FIGURE 3.2 First level: Pathological altruism and deictic framing.

1 2000), when there is limited social contact or cul- 26
 2 tural exposure to others (Aberson & Haag, 2007; 27
 3 Lee & Quintana, 2005), or in competitive situations 28
 4 (Epley, Caruso, & Bazerman, 2006; Tjosvold, 29
 5 Johnson, & Johnson, 1984). 30

6 Pathological altruism may occur due to a lack 31
 7 of a deictic framing repertoire or its failure to be 32
 8 evoked in a given situation. For example, con- 33
 9 sider a doctor who insists on trying to save the 34
 10 life of a terminal patient despite the patient's 35
 11 requests. Help may be designed to accomplish a 36
 12 verbally framed outcome of helping others (it is a 37
 13 values-based action), but if the doctor fails to 38
 14 view the helping behavior from the point of view 39
 15 of the person being “helped” it can cause more 40
 16 harm than good. This exemplifies the first aspect 41
 17 of our definition of pathological altruism; that is 42
 18 to say, the actions of individuals with the inten- 43
 19 tion of promoting the welfare of others but that 44
 20 cause needless harm to themselves or others. 45

21 However, strong deictic framing repertoires 46
 22 can also be used to exploit others from within 47
 23 another set of values that is less prosocial. 48
 24 “Opportunists” in a social environment may 49
 25 appreciate the perspective of others and use that

knowledge against them—as with the psycho- 26
 path who uses knowledge of how his actions 27
 induce terror to increase his victim's terror even 28
 further. Thus, a deictic framing repertoire is a 29
 necessary but not sufficient step toward healthy 30
 altruism. 31

**THE TRANSFORMATION OF 32
 FUNCTIONS OF A DEICTIC 33
 FRAMING REPERTOIRE 34**

Some verbal contexts cue a relational response; 35
 others cue specific functions that are transformed 36
 by those same relational repertoires. A person 37
 may know that a hurricane is more dangerous 38
 than a mosquito; it is another matter to feel that 39
 difference emotionally. In the same way, once the 40
 individual has taken another individual's per- 41
 spective, it is another matter to respond to the 42
 aversive (interpersonal distress) or appetitive 43
 (empathic concern or sympathy) states of others. 44
 This is the issue of *empathy* (Figure 3.3). 45

Empathy has been related to a variety of 46
 healthy outcomes (Batson, 1991b; Eisenberg, 47
 2000). It is worth noting that this second level of 48
 the model implies a relational repertoire and is 49

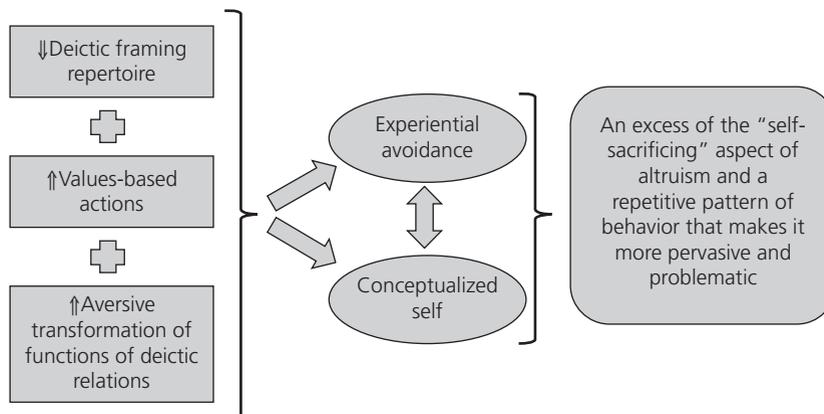


FIGURE 3.3 Second level: Pathological altruism, experiential avoidance, and the conceptualized self.

1 not the same process, functionally speaking, as
 2 the empathic responses commonly observed in
 3 other mammals (de Waal, 2008) and in very
 4 young children (Decety & Meyer, 2008) in the
 5 absence of verbal (relational) repertoires. More
 6 primal forms of empathy require the presence
 7 of specific stimuli (i.e., witnessing an actual indi-
 8 vidual being attacked), whereas verbal repertoires
 9 can elicit the same response in almost any circum-
 10 stance (i.e., looking at the snow through a window
 11 and feeling sad for those who do not have a home).
 12 Others have noted that these more primal forms
 13 of empathy can later be integrated with higher
 14 cognition, in what psychologists have referred
 15 to as “empathic concern” (e.g., Decety, Michalska,
 16 & Akitsuki, 2008; de Waal, 2008; Moriguchi et al.,
 17 2007). This second aspect of the model character-
 18 izes individuals who not only perceive the point
 19 of view of others as in the first level of the model,
 20 they also tend to be *affected* by it.

21 Arousal of this kind has been discussed as a
 22 motivator for prosocial behavior (e.g., Hornstein,
 23 1991; Krebs, 1970; Preston & de Waal, 2002), but
 24 negative arousal can be difficult to cope with
 25 effectively for some individuals, and may lead
 26 to attempts to suppress, reject, or undermine the
 27 impact of such functions by engaging in a pro-
 28 cess of experiential avoidance. Excessive altruistic
 29 acts hold out hope of removing some forms of
 30 discomfort, such as acknowledgment of the finite
 31 nature or inherent pain of life. Threats to a concep-
 32 tualized self are especially likely to give rise to
 33 negative arousal; individuals will fight to retain
 34 their self-image, even at the cost to others or
 35 themselves, in order to avoid this kind of discom-
 36 fort (i.e., “If I don’t help, I’m a bad person, so
 37 I will help even if it is unwelcome or harmful”).
 38 These two processes, experiential avoidance and
 39 a conceptualized self, are repertoire narrowing,
 40 and can inhibit the individual’s ability to success-
 41 fully engage in values-based actions. They seem-
 42 ingly can account for the remaining two aspects
 43 of our definition of pathological altruism (1) a
 44 pattern of behavior that is based in part on an
 45 excess of the “self-sacrificing” aspect of altruism
 46 implicit in most common definitions of altruism
 47 itself, and (2) a repetitive pattern of this feature
 48 that makes the pattern of action more pervasive
 49 and more problematic.

50 By conceptualizing pathological altruism as a
 51 form of experiential avoidance, we can make
 52 sense of the repetitive pattern of behavior implied
 53 by the word “pathological.” Experiential avoid-
 54 ance is negatively reinforced, meaning that once

an individual successfully reduces contact with
 the relationally framed interpersonal suffering or
 distress, this action will be evoked when future
 signals of personal distress from others arise.
 These signals in combination with other biologi-
 cal predispositions can promptly elicit the same
 pattern, again and again, even if it is unhelpful or
 even harmful.

Although we do not yet possess specific data
 that link pathological altruism to experiential
 avoidance, an increasing body of literature indi-
 cates the negative impact of experiential avoid-
 ance in a variety of areas. Experiential avoidance
 seems to be a toxic process that has been linked
 to several clinical problems.⁶ More specific com-
 ponents of experiential avoidance have also been
 explored by other researchers.⁷

The experiential avoidance aspect of patho-
 logical altruism seems clear in most extended
 examples of it. Some individuals tend to find it
 difficult to disengage from certain patterns of
 behavior that cause persistent psychological
 suffering. The doctor who insists on trying to
 save the life of a terminal patient despite the
 patient’s and family’s requests may be under the
 control of an avoidance pattern established by
 the dominance of aversive relational contingen-
 cies, such as “I can’t let any of my patients die,”
 which would be reinforced by any action in that
 direction. Or, take the example of a devoted reli-
 gious man who fasts and self-flagellates to save
 humanity from its sins at a cost of irreparable
 damage to his health. Note that, in this case, the
 arbitrary quality of the individuals’ belief is far
 more obvious (e.g., “God will forgive humanity’s
 sins if I act this way”).

In the previous two levels of the model,
 we have seen how perspective taking can be a
 process that fosters both positive and negative
 outcomes. In the next section, we will address
 some of the contextual factors that can help
 reduce the impact of experiential avoidance.

**EXTENDED CONTEXTUAL
 CONTROL OVER THE
 TRANSFORMATION OF
 FUNCTIONS OF A DEICTIC
 FRAMING REPERTOIRE**

A third level of perspective taking, the emergence
 of a stable sense of self, is important to further
 adaptability with respect to the individual and
 the group. A stable sense of self is more likely
 when an individual has been exposed to enough
 variations of verbal contexts. Most psychotherapy

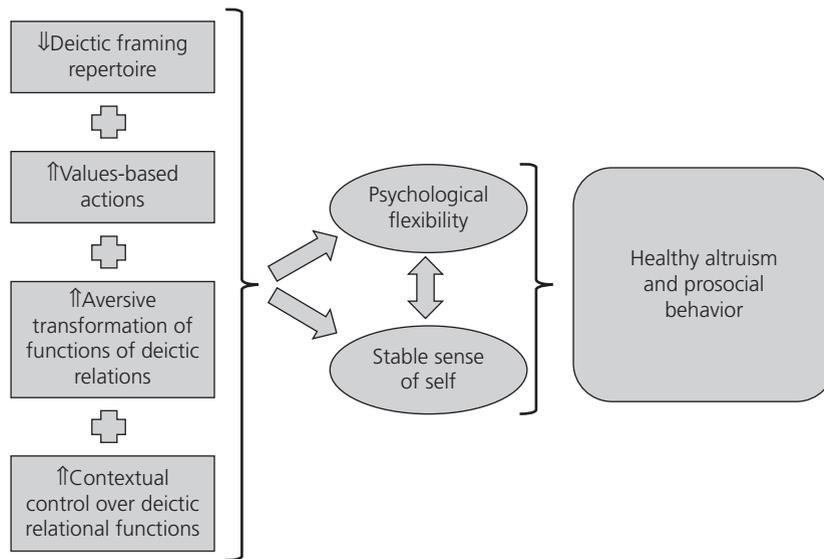


FIGURE 3.4 Third level: Healthy altruism, psychological flexibility, and a stable sense of self.

1 situations can be characterized by a continuum
 2 exposure to verbal contexts such as “what are
 3 YOU feeling NOW?,” “what were YOU feeling
 4 THEN?,” “what are YOU thinking HERE?,” “what
 5 were YOU thinking THERE?,” etc. This iterative
 6 process does not suggest that simple exposure to
 7 enough variations of verbal contexts can make
 8 for an integrated sense of self; it simply suggests
 9 that it is more *likely* to occur. Experiencing self as
 10 the only invariant across a myriad of cognitive
 11 and emotional experiences has been conceptual-
 12 ized as the core of “spirituality,” mindfulness, and
 13 a sense of transcendence (Hayes, 1984), which we
 14 argue allows healthy self-control and provides
 15 well-being.

16 Additionally, a more integrated sense of self
 17 ameliorates the aversive functions of some deictic
 18 frames, since it contextualizes them and there-
 19 fore it allows for more effective behaviors to arise.
 20 Contextual control is crucial, and it relates to the
 21 notion of *psychological flexibility* or the ability to
 22 *engage* or *disengage* in behavior in the service of
 23 chosen values, and to contact the present moment
 24 as a fully conscious being (Hayes, Levin, &
 25 Vilardaga, in press).

26 This integrated sense of self increases
 27 individuals’ self-awareness and enables them
 28 to respond to the current environment in a
 29 more effective manner, given their set of core
 30 values. It does not really imply a disconnection
 31 from their perspective-taking ability; on the
 32 contrary, it implies that the individuals’ behavior

is under the control of a broader sense of
 perspective.

This process of awareness has been defined as
self-as-context by ACT proponents (Hayes et al.,
 1999). It contributes to a reduction of the indi-
 viduals’ psychological inflexibility and allows
 more healthy and fluid interactions with the
 group. This kind of sense of self allows a given
 individual to not only take perspective regard-
 ing the other person, but also to take perspective
 regarding his own private experiences and there-
 fore make room for more effective values-based
 actions.

FINAL REMARKS

Although no specific data support the interpreta-
 tive account of pathological altruism laid out
 here, there are data in support of the three levels
 of the model just described in the context of
 social anhedonia, which is a subclinical behav-
 ioral pattern predictive of schizophrenia
 (Chapman, Chapman, Kwapil, Eckblad, & Zinser,
 1994). Because social anhedonia and pathologi-
 cal altruism are within a sociality proneness con-
 tinuum, and this model provides a framework for
 considering healthy and pathological forms of
 social functioning, a brief description seems war-
 ranted. In a recent study (Estévez, Vilardaga,
 Levin, & Hayes, 2009), 110 colleges students
 completed a battery of questions that evaluated
 their deictic framing ability (Deictic Relational
 Task; Vilardaga et al., 2009), empathic concern

1 (Interpersonal Reactivity Index; Davis, 1980),
 2 experiential avoidance (Acceptance and Action
 3 Questionnaire; Hayes et al., 2004a), and social
 4 anhedonia (revised Social Anhedonia Scale;
 5 Eckblad, Chapman, Chapman, & Mishlove,
 6 1982). Analyses revealed that deictic framing,
 7 empathy, and experiential avoidance had a large-
 8 sized effect on social anhedonia after taking into
 9 consideration age and gender. Each of the three
 10 elements in the model were significantly related
 11 to social anhedonia. This preliminary data is
 12 promising, particularly in light of a growing body
 13 of evidence that interventions such as ACT can
 14 target the processes of experiential avoidance,
 15 conceptualized self and, effective values-actions
 16 across multiple problems (Hayes et al., 2006).
 17 The evidence also shows that changes in these
 18 processes mediate outcomes (Hayes et al., 2006).
 19 In other words, these processes can be manipu-
 20 lated; when they are changed, changes in out-
 21 come follow. This fact suggests that this model
 22 could be a promising line of investigation with
 23 regard to pathological altruism at a behavioral
 24 level.

25 CONCLUSION

26 Behavior analysis, at least the variant from
 27 which the CBS approach has emerged, is poorly
 28 understood. Although Skinner's behaviorism devi-
 29 ated from the black box paradigm of stimulus-
 30 response psychology and opened the door to the
 31 behavioral analysis of emotion and cognition
 32 and the world within (Skinner, 1945), errors in
 33 the analysis of language and cognition led behav-
 34 ior analysts to conclude that an analysis of cogni-
 35 tion and emotion was not essential to the
 36 understanding of overt behavior (Hayes, 1989).⁸
 37 Unfortunately, many forms of complex human
 38 phenomena would not yield to a direct contin-
 39 gency account alone. Furthermore, behaviorists
 40 applied a narrow range of methodologies, which
 41 made it difficult to analyze more complex forms
 42 of behavior and to an excessive reliance on
 43 interpretation when dealing with behaviors
 44 beyond the reach of a direct contingency analysis
 45 (Hayes, 1987). An additional problem might be
 46 that the technical terms developed by behavior
 47 analysts did not refer to "internal causes," such as
 48 the structural aspects of the brain, but instead to
 49 ecological and systemic aspects of the environ-
 50 ment in interaction with the organisms' behavior
 51 (which are entirely physical as well, although less
 52 intuitive and acceptable in traditional views of
 53 science, such as in the medical model).

By defining what "cognition" is via derived
 relational responding, a contextual behavioral
 approach can proceed in a more effective way.
 From an RFT point of view, two ontogenetic
 contingency streams exist at the psychological
 level of analysis. One is composed of the direct
 contingencies that impact behavior in the
 organism-environment interaction. The other is
 composed of events, actions, and consequences
 involved in derived relational responses. These
 two streams interact, and are in turn embedded
 in contingency streams at the cultural and
 biological level. The metatheory involved in this
 approach is evolutionary science, with variation
 and selection operating simultaneously at all of
 these levels.

The CBS approach to pathological altruism
 does not put emphasis on the individual's "intent"
 to help or to be selfish. The focus instead is on
 the verbal contexts that select deictic framing
 repertoires, making experiential avoidance possi-
 ble, and also putting it under more appropriate
 contextual control. Pathological altruism can be
 conceptualized at the psychological level of anal-
 ysis as a form of behavior that is influenced and
 maintained by the verbal context of a certain
 cultural environment (e.g., the context of an indi-
 vidual's history and current circumstances). This
 verbal context can select certain forms of behav-
 ior, such as experiential avoidance and entangle-
 ment with a conceptualized self, that can lead
 to pathological altruism given the proper condi-
 tions. Instead, healthy forms of altruism tend
 to be the result of verbal contexts that select
 values-based action and a strong deictic framing
 repertoire that involves not only being aware of
 one's own suffering and that of others, but also
 of developing a stable sense of self with high
 psychological flexibility.

Since there has been little direct research on
 pathological altruism from a CBS perspective,
 the present analysis is designed more to guide
 subsequent investigation than to prove the ade-
 quacy or applicability of the present account. We
 hope the current chapter provides preliminary
 guidance and encourages other researchers to
 consider the value of a contextual behavioral
 strategy.

NOTES

1. In this chapter, we use the term *behavior* to
 refer to the activity of an organism, which includes
 external actions but also private events, such as
 thoughts, emotions, or physical perceptions.

1 2. Arbitrary applicable relational responding
2 (AARR) is a technical term in RFT that refers to the
3 abstraction of patterns of responding among set of
4 stimuli that are brought under the control of an arbitrary
5 contextual cue. A more detailed description of
6 this process, along with the experimental preparations
7 that lead to the development of this concept, can be
8 found in Hayes, Barnes-Holmes, and Roche (2001,
9 p. 25, Section 2.1.3).

10 3. Ontogeny refers to the development or course
11 of development of an individual organism. This is as
12 opposed to phylogeny—the development of species as
13 they slowly emerge over time.

14 4. See Chapter 26, by Carolyn Zahn-Waxler and
15 Carol Van Hulle, for a more extended description of
16 this clinical presentation.

17 5. See also the benefits of perspective-taking in
18 the development of children (e.g., Baron-Cohen,
19 Leslie, & Frith, 1985; Blacher-Dixon & Simeonsson,
20 1981; Charlop-Christy & Daneshvar, 2003; LeBlanc
21 et al., 2003; Rehfeldt, Dillen, Ziomek, & Kowalchuk,
22 2007a), conflict resolution (Corcoran & Mallinckrodt,
23 2000; Drolet, Larrick, & Morris, 1998), stigma
24 (Galinsky & Ku, 2004; Vescio, Sechrist, & Paolucci,
25 2003), and marital adjustment (Long, 1993).

26 6. These problems include sexual victimization
27 (Polusny, Rosenthal, Aban, & Follette, 2004), post-
28 traumatic stress disorder (Marx & Sloan, 2005; Plumb,
29 Orsillo, & Luterek, 2004), self-harm behaviors
30 (Chapman, Gratz, & Brown, 2006), and parental
31 distress (Greco et al., 2005).

32 7. For example, emotional suppression has been
33 related to depression (Degenova, Patton, Jurich, &
34 Macdermid, 1994), substance abuse (Malow et al.,
35 1994), and difficulties in recovery from distress (Cioffi
36 & Holloway, 1993; Masedo & Esteve, 2007).

37 8. An extended presentation of the conceptual
38 problems of traditional behavioral accounts of
39 language can be found in Hayes and Hayes (1992).

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