

Valued Action: Taking Steps in Meaningful Life Directions

By Jonathan Lee, PhD
John J.B. Morgan Postdoctoral Fellow

Mental illness has a significant impact on the welfare of our population. It is associated with decreased work productivity (e.g., Kessler, et al., 2008), increased health care cost and utilization (e.g., Ormel, et al., 2008), and decreased quality of life and life satisfaction (e.g., Rapaport, Clary, Fayyad, & Endicott, 2005). In the psychological literature, quality of life has been defined as the extent to which an individual is satisfied with different aspects of daily living. Research consistently demonstrates a strong association between quality of life impairment and mental illness. For example, individuals with a diagnosis of a depressive or anxiety disorder consistently report significant impairment in quality of life compared to demographically-matched individuals without mental illness (Mendlowicz & Stein, 2000; Olatunji, Cisler, & Tolin, 2007; Rapaport, et al., 2005). Further, quality of life impairment has been shown to be independent of symptom severity and diagnostic comorbidity (Rapaport, et al., 2005). Quality of life is becoming increasingly acknowledged as an important metric to measure the effectiveness of interventions (Mendlowicz & Stein, 2000).

Recent advances in the treatment of psychological disorders have begun to shift the focus of treatment away from an exclusive concentration on symptom reduction towards greater emphases on acceptance and action. With respect to acceptance, these new treatments emphasize the importance of helping clients cultivate an accepting

attitude towards their internal experiences. As used in this context, acceptance is not resignation, but rather a willingness to experience unpleasant emotional states in the service of taking action to live in accordance with one's values (termed valued action). For example, acceptance-based behavior therapies (ABBTs), such as Acceptance and Commitment Therapy (S. C. Hayes, Strosahl, & Wilson, 1999), acknowledge that pain is a fundamental part of the human condition, but suffering is created by the mind — in the way that we relate to our experience. That is, it is typical to experience anxiety at the prospect of standing in front of a large audience to give a presentation, to fear rejection when being vulnerable with one's partner, or to worry about work instead of enjoying the present moment with one's children. However, becoming too absorbed and entangled with these internal experiences (rather than accepting them without self-judgment) can prevent us from engaging in activities that allow us to live according to our values (such as giving speeches, developing intimacy with our partners, or stopping to “smell the roses” with our children).

Acceptance-based behavior therapies view psychological distress as resulting in part from experiential avoidance — the tendency to avoid or control aversive thoughts, emotions, physical sensations, and memories, as well as the situations with which they are associated (S. C. Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). The short-term reduction of distress associated with experiential avoidance may paradoxically lead to increased long-term distress and dissatisfaction with life: as a person becomes more focused

on decreasing distress, his or her behavior becomes restricted to managing distress rather than directed towards engaging in meaningful behaviors to improve his or her quality of life. For example, giving a speech in front of a large audience would elicit nervousness and anxiety in most individuals. Avoiding the situation would be an effective short-term method to decrease the discomfort associated with giving a speech; however, this avoidance may trigger feelings of regret or guilt if the sharing of ideas with others is something one values. Thus, primary goals of acceptance-based behavior therapies are to help people articulate their values, take steps in meaningful life directions, and become more willing to experience the discomfort that is commonly associated with living a meaningful life. In this way, acceptance-based behavior therapies differ from those whose primary focus is on symptom reduction (S. C. Hayes, et al., 1999; Roemer & Orsillo, 2009).

What Are Values?

The psychological study of values is not new. The first systematic investigation into values began in the 1960s with the work of Gordon Allport, who viewed values as a motive that directed human behavior (Allport, Vernon, & Lindzey, 1960). Other research into values have focused on examining the degree to which people of different cultures place importance on different values (e.g., Schwartz, 2006), and conceptualizing values as personally meaningful life directions upon which one can take action (Wilson & Dufrene, 2008).

Values can be distinguished from goals (S. C. Hayes, et al., 1999). While goals are concrete and obtainable, values are seen as directions on a compass rather than the destinations themselves. For example, an individual may value learning and education and subsequently set a goal of obtaining a college degree. If he or she values learning, the process of learning motivates and reinforces studying. Although the goal of attaining a degree is accomplished at graduation, the value of learning continues to influence

his or her lifelong behavior; for example, how he or she approaches career, hobbies, and personal enrichment. Because there is always more to learn, it is a life-long process.

Although previous research has found that valued action is significantly correlated with quality of life (Michelson, Lee, Orsillo, & Roemer, 2011), there is a notable distinction between these two concepts. Widely used self-report measures of quality of life focus on satisfaction with aspects of daily living, while valued action is focused on the degree to which one engages in meaningful life pursuits. Thus, quality of life refers to global life satisfaction, whereas valued action concerns the degree to which an individual is engaging in personally meaningful life activities and behaviors.

The Psychological Impact of Considering Values

Self-affirmation theory suggests that affirming one's self-worth can promote healthy psychological functioning (Steele, 1988). One pathway towards affirming self-worth is through articulating values. Research suggests that reflecting on personally important values is associated with increases in persistence (Páez-Blarrina, et al., 2008), decreased defensiveness (Crocker, Niiya, & Mischkowski, 2008), improvements in educational achievement (Cohen, Garcia, Apfel, & Master, 2006), and decreased neuroendocrine response to stress (Creswell, et al., 2005; Sherman, Bunyan, Creswell, & Jaremka, 2009). For example, Cohen, et al. (2006) found that when Black and White middle-school students wrote about their two or three most important values, the racially-based academic achievement gap decreased by as much as 40% over the course of a school semester.

Biologically-based research also demonstrates that the act of articulating one's values can serve protective functions. Creswell and colleagues (2005) found that college students who considered their personal values before engaging in a stressful laboratory task exhibited decreased levels of a stress hormone in response to the

stressful task, compared to individuals who did not reflect on their important values. In another study that sought to extend this work into a real-world setting, college students who were asked to write about their two most important values prior to taking mid-term examinations showed decreased stress hormone levels compared to individuals who were asked to write about why values might be important to another person (Sherman et al., 2009). These results suggest that the act of articulating one's values may achieve beneficial effects via the psychologically-based protective function of buffering against stress.

Articulating Values and Taking Valued Action

Most studies examining the impact of values in laboratory-based settings employ similar experimental procedures: a participant is given a list of values, asked to rank them, and then asked to write about why those values are personally important. In treatment contexts, the process of articulating values is an important first step on the road to taking valued action. Research has demonstrated that increases in valued action are associated with decreased symptom distress (Michelson, et al., 2011; Wilson, Sandoz, Kitchens, & Roberts, 2010). Moreover, the extent to which patients increase their valued action over the course of acceptance-based behavioral therapy is more strongly associated with positive treatment response than symptom reduction (S. A. Hayes, Orsillo, & Roemer, 2010).

Conclusion

Although the research to date suggests that articulating values and taking valued action represent core processes in acceptance-based and other various treatment approaches, further research is needed to understand the incremental benefits of these interventions in enhancing treatment outcome. Basic laboratory and applied research into values could also illuminate various strategies to increase the effectiveness of values-based interventions, investigate how helping people live out their values may augment other approaches to treatment, and evaluate whether

interventions designed to increase valued action may serve as a brief treatment on its own. Research on values-based interventions has the potential to make psychological treatments more effective, culturally responsive, and meaningful to patients.

Values Exercise

Below are listed 10 domains of life that are often valued by people. Read through the list and pick one that you notice your attention is drawn to (you can go back and repeat this exercise with another value).

- Marriage/couple/intimate relationship
- Parenting
- Family relations (other than intimate relations and parenting)
- Friendship/social relations
- Career/employment
- Education/training/personal growth and development
- Recreation/leisure
- Spirituality
- Citizenship
- Health/physical well-being

After you have picked a value, think about why this value is important to you. You can reflect on the value silently to yourself, but research suggests that it can be more beneficial to write about it.

Next, think about how consistently you have been heading in the direction of the value that you selected. Is there one thing that you can choose to do in the coming week to take a step in the direction of that value? Sometimes the idea of taking a step in a valued direction can elicit discomfort. This discomfort is a common reaction, and is often associated with living a valued life. If you are willing, see if you can choose to accept the emotional discomfort you might feel in the service of moving in a valued direction.

(adapted from Wilson & Dufrene, 2008)

References

- Allport, G. W., Vernon, P. E., & Lindzey, G. (1960). *Study of values*. Oxford England: Houghton Mifflin.
- Cohen, G. L., Garcia, J., Apfel, N., & Master, A. (2006). Reducing the Racial Achievement Gap: A Social-Psychological Intervention. *Science*, 313(5791), 1307-1310.
- Creswell, J. D., Welch, W. T., Taylor, S. E., Sherman, D. K., Gruenewald, T. L., & Mann, T. (2005). Affirmation of personal values buffers neuroendocrine and psychological stress responses. *Psychological Science*, 16(11), 846-851.
- Crocker, J., Niiya, Y., & Mischkowski, D. (2008). Why does writing about important values reduce defensiveness? Self-affirmation and the role of positive other-directed feelings. *Psychological Science*, 19(7), 740-747.
- Hayes, S. A., Orsillo, S. M., & Roemer, L. (2010). Changes in proposed mechanisms of action during an acceptance-based behavior therapy for generalized anxiety disorder. *Behaviour Research and Therapy*, 48(3), 238-245.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64(6), 1152-1168.
- Kessler, R. C., Heeringa, S., Lakoma, M. D., Petukhova, M., Rupp, A. E., Schoenbaum, M., et al. (2008). Individual and societal effects of mental disorders on earnings in the United States: Results from the National Comorbidity Survey Replication. *The American Journal of Psychiatry*, 165(6), 703-711.
- Mendlowicz, M. V., & Stein, M. B. (2000). Quality of life in individuals with anxiety disorders. *The American Journal of Psychiatry*, 157(5), 669-682.
- Michelson, S. E., Lee, J. K., Orsillo, S. M., & Roemer, L. (2011). The role of values-consistent behavior in generalized anxiety disorder. *Depression and Anxiety*, 28(5), 358-366.
- Olatunji, B. O., Cisler, J. M., & Tolin, D. F. (2007). Quality of life in the anxiety disorders: A meta-analytic review. *Clinical Psychology Review*, 27(5), 572-581.
- Ormel, J., Petukhova, M., Chatterji, S., Aguilar-Gaxiola, S., Alonso, J., Angermeyer, M. C., et al. (2008). Disability and treatment of specific mental and physical disorders across the world. *British Journal of Psychiatry*, 192(5), 368-375.
- Páez-Blarrina, M., Luciano, C., Gutiérrez-Martínez, O., Valdivia, S., Ortega, J., & Rodríguez-Valverde, M. (2008). The role of values with personal examples in altering the functions of pain: Comparison between acceptance-based and cognitive-control-based. *Behaviour Research and Therapy*, 46(1), 84-97.
- Rapaport, M. H., Clary, C., Fayyad, R., & Endicott, J. (2005). Quality-of-life impairment in depressive and anxiety disorders. *The American Journal of Psychiatry*, 162(6), 1171-1178.
- Roemer, L., & Orsillo, S. M. (2009). *Mindfulness- and acceptance-based behavioral therapies in practice*. New York, NY: Guilford Press.
- Schwartz, S. H. (2006). Basic human values: Theory, measurement, and applications. *Revue française de sociologie*, 47, 929-968.
- Sherman, D. K., Bunyan, D. P., Creswell, J. D., & Jaremka, L. M. (2009). Psychological vulnerability and stress: The effects of self-affirmation on sympathetic nervous system responses to naturalistic stressors. *Health Psychology*, 28(5), 554-562.
- Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In L. Berkowitz (Ed.), *Advances in experimental social psychology*, Vol. 21: *Social psychological studies of the self: Perspectives and programs*. (pp. 261-302). San Diego, CA: Academic Press.
- Wilson, K. G., & Dufrene, T. (2008). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. Oakland, CA US: New Harbinger Publications.
- Wilson, K. G., Sandoz, E. K., Kitchens, J., & Roberts, M. (2010). The Valued Living Questionnaire: Defining and measuring valued action within a behavioral framework. *The Psychological Record*, 60(2), 249-272.

Author Biography



Dr. Jonathan Lee is the John J.B. Morgan Postdoctoral Fellow at The Family Institute at Northwestern University. Dr. Lee treats adults and couples and has received training in several empirically supported cognitive behavioral treatments. His research and clinical interests are in understanding and developing effective treatments for anxiety disorders. He has a specialty in the treatment of Generalized Anxiety Disorder (GAD) and integrates mindfulness- and acceptance-based strategies with evidence-based principles to help enrich clients' lives by moving toward valued life directions.

The Family Institute at Northwestern University is committed to strengthening and healing families from all walks of life through clinical service, education and research. The Family Institute is a center for direct care, academic learning and new discovery. For more information on The Family Institute, visit www.family-institute.org or call 847-733-4300.