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Integrating Storytelling into the Theory and Practice of Contextual Behavioral Science

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Abstract

The practice of generating and interpreting stories can be examined through a behavioral lens and has many potential implications for clinical practice. However, storytelling has for the most part yet to be integrated into the field of contextual behavioral science (CBS). A bedrock of human culture, storytelling has influenced both individual behavior and intergroup cooperation for millennia. Basic principles of relational frame theory, such as those pertaining to coherence, perspective-taking, and the transformation of stimulus function, may help to reveal how stories derive their psychological impact. In turn, understanding storytelling from a CBS perspective can facilitate the broader integration of narrative methods into clinical interventions, which may help in expanding the reach and impact of individual, group, and self-help interventions. Suggestions for integrating storytelling into practice are provided as are future directions for studying the behavioral mechanisms of storytelling.

Keywords: storytelling; narrative; relational frame theory; Acceptance and Commitment Therapy

Introduction

We are storied beings. Throughout history, humans have used narratives, or the representation of events in a sequence, to make sense of the world around them and influence the feelings and behaviors of others (Genette et al., 1982). Storytelling is ubiquitous across all known global cultures, even in the absence of a formal written language (Brown, 2004), and has been described as an adaptive evolutionary trait that helps members of a society cooperate with one another (Sugiyama, 2001). All forms of language are inherently social, whether in communicating useful information about the environment, regulating the behavior of others, or inferring intentions of others (Hayes & Sanford, 2014). Storytelling, however, with its unique capacity to engage our attention, may be a more elaborated form of communication to meet these functional ends (Sugiyama, 2001), such as seen in folklore, which is used globally to transmit and maintain culturally-specific norms and values (Ben-Amos, 1971).

The potential role of storytelling in psychological interventions has been explored for decades, such as in the postmodern framework of narrative therapy, which argues that individuals “make sense of their lives by assembling specific events together into a series of dominant plots” (Monk, 1997, p. 85). A social constructivist viewpoint offered by Meier (2012) similarly posits that attending to stories in therapy helps clients “deconstruct and reconstruct their assumptions and perceptions” (p. 2) by recognizing their own worldviews as products of languaging and cultural norms. More recently, empirical studies have revealed that engagement with stories in clinical settings can address diverse issues as substance abuse recovery (Mancini, 2019), diabetes management (Gucciardi et al., 2019), and coping with chronic health conditions (Lipse et al., 2020). Despite these historical precedents and promising evidence, storytelling as a route to behavior change remains largely uninvestigated in the field of contextual behavioral

science (CBS). While related forms of language such as analogy and metaphor have been examined through a CBS lens (Foody et al., 2014), storytelling possesses a number of distinct qualities that warrant greater understanding. These include how a “narrative world” (Bezdek & Gerrig, 2017) is constructed, the role of characters acting on this world, and the function of the discourse that is established between the narrator and listener of a story, through which meaning is ultimately derived (Ricoeur, 1980).

Despite their use of stories and metaphors as components of therapy, CBS-based approaches such as Acceptance and Commitment Therapy (ACT; Hayes et al., 2011) tend to be delivered, as a whole, through traditional talk therapy or self-help formats. At the same time, studies show that meaningful changes in personal beliefs and attitudes can occur after exposing individuals to narratives in experimental settings, with such changes theorized to occur through “transportation,” or the drawing on of emotional aspects of one’s worldview as opposed to rationality alone (Mazzacco et al., 2010). Furthermore, while an individual’s need for *cognition* has historically been identified as a key moderator in the persuasiveness of an argument, when engaging with stories, a need for *affect* is associated with high transportation and persuasion (Appel & Richter, 2010). Therefore, clients who tend to seek out emotional situations may be likely to be influenced by messages delivered in a narrative format compared to more didactic presentations.

The boundaries of what constitutes a narrative have been subject to great debate (Ryan, 2017), and the diversity of storytelling forms may appear to make any universal account elusive, which would require a conceptualization that orients to broad qualities of stories present across culture and format. In other words, it would involve identifying clear “signals” that distinguish storytelling from the many other forms of language we encounter. The processes of functional

coherence, perspective taking, and transformation of function are all found in relational frame theory (RFT; Barnes-Holmes et al., 2001), a functional contextual account of human language and cognition which contributed to the development of applied interventions such as ACT. While these three processes can be incorporated into the analysis of any form of language, they may hold particularly valuable insight into how stories derive their psychological impact. The containment of events, personalities, and ideas within the medium of story facilitates their coherence with one another. In turn, fostering the ability to make seemingly disparate psychological experiences cohere through a “narrative lens” may have important consequences for behavioral health. Assuming the perspective of characters within a story may contribute to the ability to cultivate flexible awareness of one’s perspective in the ongoing flow of events, which has been identified as another important aspect of psychological wellbeing (Montoya-Rodríguez et al., 2017). Lastly, while all forms of language can carry psychological function across many contexts, stories deliver powerful messages transmitted from narrative voices to their listeners in a particular way. Understanding how this dialogue between storyteller and listener occurs from a functional perspective may help leverage its influence on behavior.

In the sections that follow, we expand on these components of storytelling and argue that narrative approaches represent a viable untapped resource in the CBS tradition, and one that holds potential for developing innovative interventions. First, we offer a basic framework for understanding how stories derive their psychological impact through the lens of RFT and how these principles apply to clinical settings. We then summarize research to date on narrative approaches to behavior change and offer practical suggestions for their integration into CBS-based treatments. Our aim is to capture aspects of storytelling as it relates to the prediction and

influence of behavior, and in turn encourage the development of innovative approaches that are engaging to both clients and practitioners.

A CBS Account of Storytelling and its Clinical Applications

Relational Frame Theory

RFT is a contextual behavioral account of human language and cognition with an accelerating rate of empirical research evidence (O'Connor et al., 2017). RFT describes how human language acquires its psychological power through the relating of stimuli, in particular through arbitrarily applicable relational responding (AARR), a generalized operant behavior developed in early childhood (Hughes & Barnes-Holmes, 2016). While humans and animals alike can relate stimuli based on their physical (non-arbitrary) properties such as size and shape, humans acquire the unique capacity to relate stimuli based not on physical properties but rather on contextual cues (same, more than, less than, etc.) that specify the relation at issue. In this way, AARR allows *symbolic* relations to be formed. AARR possesses the key properties of mutual entailment (e.g., if $A = B$, then a bidirectional relation of $B = A$ is derived), combinatorial entailment (e.g., if $A = B$ and $B = C$, then the relations of $A = C$ and $C = A$ are derived), and the transformation of stimulus function, which posits that the psychological properties of stimuli can be transformed via AARR. For instance, if a stimulus A has an aversive function, and B is taught to be “greater than” A, then the function of B may be “transformed” to be more aversive based on the relation itself and in the absence of direct experience (e.g., if in an experiment one receives a small electric shock when “A” is flashed on a screen, they may expect a more painful shock when presented with “B,” even if this has not been demonstrated). The apparent simplicity of AARR conceals its pervasive influence. The ability to frame stimuli and events relationally

has been described as “the common trunk from which many complex behaviors spring forth” (Hughes & Barnes-Holmes, 2016, p. 179). Below we describe a selection of “branches” of AARR that may hold particular utility in understanding storytelling. Definitions and examples of these concepts are additionally presented in Table 1.

Coherence within Narrative Structures

The stories that captivate us come alive in many ways: strong characters, distinct ambiance, a twisting plot, and so on. Despite this multifaceted nature, stories are contained by certain boundaries. That is to say, the building blocks of a narrative such as character, setting, and plot cohere by virtue of their containment within a story form. Within a narrative structure, coherence is derived when often disparate elements convene over time through a shared message or voice. A powerful example in literature is the story told by the unnamed narrator in Ralph Ellison’s *Invisible Man*. Through a series of vignettes across time and place, the narrator weaves together a story capturing the invisibility and prejudice experienced by Black Americans in the early twentieth century. Ellison is said to have drawn from the aesthetics of bebop jazz in constructing a narrative that is at once improvisational as well as coherent in its portrayal of systemic discrimination (Spaulding, 2004). Complex elements of stories such as moral ambiguity, paradox, abstraction, and metaphor reflect the multiplicity of human behavior. These complexities fit within a narrative architecture where they are likely to be more acceptable than when present within our own lives. No matter how multifaceted or even contradictory the elements comprising a particular narrative may be, the fact that the content is “framed” by existing within a narrative structure allows the possibility for a coherent meaning to emerge, and new relations to be formed.

In this way, stories achieve their coherence via structural elements as opposed to specific content. Utilizing such a framework in therapy lends itself to an experiential form of learning that can be distinguished from didactic, instruction-based methods common in many psychotherapies. “Stepping in” to the world of a story in therapy provides rich opportunities for promoting coherence at the individual level. While the behavior of a character may go against initial accounts of their attributes, “following” a story from beginning to end necessarily involves holding lightly to these preconceptions as we observe a character persisting in behaviors that are likely to challenge such initial assumptions. For a client, hearing a story provides an opportunity to “step in” to a context where contradictions can indeed be coherent, which may help to foster a stance in their own life from which they can respond more flexibly to changing environmental contingencies. Such a shift involves observing disparate elements of one’s experience (i.e., “I can carry some depression with me *and* pursue new activities”) as part of one’s coherent sense of self, a vantage point from which the tracking of contextual relationships in one’s environment (i.e., context sensitivity) is more easily achieved. Over time, growing this ability ideally leads to increased instances of “functional” coherence, or choosing actions that are consistent with an individual’s sense of meaningful living (Villatte et al., 2015).

The extent to which coherence governs both our internal world and overt behavior continues to be investigated. It has been proposed that coherent relations between events are reinforced “from the cradle to the grave,” with incoherence being punished by the socio-verbal community (Hughes & Barnes-Holmes, 2016, p. 164), and studies have begun to test this proposition through controlled experiments (Bordieri et al., 2016). A drive for coherence dictated by the socio-verbal community can lead to dysfunctional patterns of behavior, such as in the adherence to inflexible life narratives that we will describe later. However, engagement with

storytelling may provide a framework for a healthier model of coherence, in which one's views on their life narrative become more expansive and adaptable, and thus able to function according to personally chosen directions.

Characters as Catalysts for Perspective-Taking

If the first step of “entering in” to a narrative world relies on the coherence achieved by its structure, the next and consequential step consists of noticing and assuming various perspectives within a story. Storytelling demands a good deal of perspective taking by the listener in that we are invited to inhabit the mind of characters as they experience observations, struggles, and resolutions. While techniques such as analogy and metaphor may similarly ask the client to imagine themselves in a unique situation that helps to reframe their perspective on some behavior (Foody et al., 2014), storytelling relies more heavily on the actions of characters with perspectives of their own, and how we situate ourselves in relation to them. Engaging with characters in a story has been theorized as interlocking processes of assuming the viewpoint of another while also establishing one's perspective as the onlooker to narrative events (Coplan, 2004). Perspective taking as a behavioral process has been examined extensively from a CBS perspective (McHugh & Stewart, 2012), and the reliance of storytelling on both inhabiting and distancing from the perspective of another, in a fluid manner, may be a critical aspect of what lends narrative communication its clinical potential.

The process of situating ourselves in a certain perspective, and the ability to shift to others, has been previously explicated through the framework of RFT. Notably, RFT accounts of metaphorical reasoning have pointed to the role of deictic relations in explaining how metaphors derive their effect through perspective taking (Foody et al., 2014). Deictic relations specify the

perspective from which we experience the world, and are comprised of the relations I—YOU, HERE—THERE, and NOW—THEN. Listening to a friend describe a past struggle with depression, we might say “that must have been really hard for *you* back *then*,” with such a statement establishing ourselves (the unstated *here* and *now*) in relation to the events in the story (*you* and *then*). Importantly, these relations are manipulable through contextual variables that govern them, and a “deictic shift,” or change in perspective, can act as a clinically-significant moment in treatment (Foody et al., 2014). Inviting a client to describe a difficult feeling (such as anxiety) as a bodily sensation or physical object, for instance, can bring the emotion from the distal perspective of THERE-THEN to one that is experienced HERE-NOW. Located in the present, the client can then choose to treat the emotion in new ways, such as holding anxiety in their lap as something precious, thus creating a new context in which the emotion is experienced.

To further understand how stories may help to facilitate deictic shifts, it is useful to look at the interrelated ACT concepts of self-as-content and self-as-context as described by deictic relations. In self-as-content, the client’s sense of self participates in a high-strength relational network with rigid “self-stories” about oneself (also called a conceptualized self) that serve to excessively govern behavior. In turn, ineffective behavioral patterns proliferate on account of their consistency with self-stories, while alternative and more contextually-sensitive behaviors fail to emerge due to their perceived inconsistency with conceptualized self-stories. Self-as-context, in contrast, refers to experientially contacting an “observing self” that is distinct and larger than the conceptualized self, and is thus able to both contain and transcend established self-stories while allowing room for broader patterns of behavior. In deictic terms, the client is able to assume the perspective of I-HERE-NOW while noticing rigid self-stories as located

THERE-THEN, thus reducing the literal functions of these self-stories with respect to behavior by relating to them as merely another experience arising in the moment.

Stories can serve to facilitate the shift from self-as-content to self-as-context by offering a vehicle through which the listener can adopt a new vantage point for observing their own experiences. While listening to a story one may think “what would the character in this story do in my situation?” or “If my life is like a story, what could happen?” Asking such a question facilitates the transformation of a I-HERE-NOW coordination into one of I-THERE-THEN by allowing the possibility that one’s current behaviors are but one of a number of potential actions. In turn, considering the perspective of another (such as a character in a story) opens up a wider range of possible behaviors, including those which “go against” restrictive self-stories. In simpler terms, this shift allows the client to “rewrite” their own story by reframing it in a more experiential manner. For example, a client with a history of emotional abuse may impose on herself an expectation to be “perfect” in her relationships. This self-story may involve being unemotional, submissive, or reluctant to convey her own needs to a partner. This pattern of behavior, in turn, leads to feeling a lack of the intimate connection that she desires. Hearing a story about someone who struggled with a similar pressure to be “perfect” and who chose to pursue intimacy regardless (even if in a qualitatively different context) may help the client change her behavior not merely by modeling that of the individual featured in the story (which would likely be restricted by individual differences), but by either assuming the perspective of the character in her own life or by considering her own context to possess narrative characteristics in which such outcomes are plausible. Both can be considered means to facilitate entering into a “narrative world” (Green, 2004) in which the self (like a story) is conceptualized as a container for all psychological content (Villatte et al., 2015).

The Transformation of Stimulus Function through Narrative Discourse

Along with these shifts in perspective that storytelling facilitates through noticing the vantage point of both character and narrator, stories appear to be efficient at transferring the psychological qualities contained within them to the experience of the listener. Again, clues to how such a transformation occurs can be found in the analysis of metaphor. When used in clinical conversation, metaphors rely on the physical qualities they represent (e.g., quicksand being more difficult to escape the more one struggles) that are related in a frame of coordination to a behavioral process (e.g., anxiety being made more severe by efforts to avoid it) (Foody et al., 2014). That a story holds a great deal more content than the typical metaphor (multiple events occurring in varying contexts, numerous characters and their intersecting actions) might appear to render it unwieldy in regards to the complexity that would be involved in unpacking each of its “physical qualities” and their potential symbolic functions. However, a pragmatic approach to deriving the functions within a story may be through the revealing of its overarching narrative voice as opposed to such individual elements. It is “finding the I” of a story and filtering content through its situated perspective. In more technical terms, the narrative voice of a story guides the listener/reader toward pertinent symbolic functions that are the result of subjective and intentional summations of smaller pieces of raw material (discreet events, character descriptors, etc.).

An important function of the narrative voice is in its use of “narrational code,” or the collection of signifiers that establish the story as a distinct object in relation to external systems (Barthes, 1975). These codes, or pieces of language that signal to an audience that they are engaged in a narrative world, serve an important purpose in transferring the psychological

qualities of stories to the listener's own experience. Furthermore, such signifiers draw the boundary between the narrative world and the behavior of organisms acting outside of it. The narrative signals may be explicit ("once upon a time...") or innocuous (the act of opening a book, going to the cinema, or becoming attuned when a friend says "let me tell you something that happened to me"). Narrational code can also be leveraged through the "breaking" of expected rules about its form, with a striking example from film being the work of Indian auteur Satyajit Ray, whose work often illuminated the struggles of everyday people in his native Bengal. Ray spoke of breaking with cinematic storytelling norms through methods such as capturing the unspoken emotional reaction of one character after another leaves the scene in order to communicate subtle aspects of their interior lives (Cardullo, 2019). Regardless of their particular form, narrational codes serve to establish a discourse between story and audience and, in turn, set up an important relational network across which psychological qualities can travel.

Through the use of narrational code, a complex set of information is filtered through the lens of a storyteller who packages it into intentional and persuasive messages. These messages function as the summation of discreet events into derived psychological qualities. For instance, we might hear a personal narrative of an adolescent boy who is making efforts to open himself up to positive emotional experiences in his social life despite struggling with a history of familial negligence in his childhood where making himself vulnerable led to disappointment and depression. In this scenario, the elements holding symbolic function are not physical properties but rather broad representations of actions such as "overcoming adversity" or "taking social risks." Critically, though such representations may appear sufficiently abstracted, the work of deriving new relations is not "done for us" by the narrative voice itself. Instead, the potential for generating new relations out of stories arises from making experiential gestures such as

positioning oneself within the constructed narrative world or transferring the narrative's logic onto one's own life circumstances. Such moves facilitate the transformation of symbolic function in clinical contexts by establishing networks of relations through which an encountered narrative construct such as "bravery" might be coordinated with potential courses of action, all contained within a hierarchical frame. In other words, new relations in stories can be discerned through an extended discourse between the reader/listener and the narrative world itself. This is in addition to relations that might emerge from abstracting particular actions or images within a larger narrative (i.e., their physical properties), as occurs in metaphor.

The degree to which a particular narrative is more or less successful at affecting behavior through these means may depend on a multitude of factors. These include the extent to which an audience identifies with characters in a story, an issue noted in prior research using narrative to promote health-positive behaviors within marginalized groups (Murphy et al., 2013).

Identification with characters as a determinant of the behavioral effects of a narrative has resonance with Bandura's original social learning theory (1977). However, further work is needed to elucidate behavioral differences between "modeling" and more nuanced responses to narrative content such as the transformation of stimulus function, which is likely to involve numerous and potentially contradictory elements of a story. Other potential factors such as identification with the setting, cultural norms, or moral values contained within a narrative may be important moderators that determine the utility of a given narrative on clinically-relevant processes. Establishing more precise methods to isolate and measure the effects of such variables would aid in tailoring stories to meet unique clinical presentations or targeted therapeutic change processes.

Self-Rules and Self-Stories: Narrative and Psychopathology

In order to more clearly see how functional coherence, perspective-taking, and transformation of function in storytelling relate to clinical intervention, it is helpful to consider the narrative-like qualities present in a contextual behavioral model of psychopathology. An emphasis in this model is on the negative impact of overreliance on self-directed rules, also called pliance (Törneke et al., 2008). Pliance becomes especially maladaptive when pertaining to the rigid control of private events based on such rules originating from the self or from socially-constructed contingencies. A more elaborated set of self-directed rules can also be thought of as a self-story. This kind of talk is common in psychotherapy, where a client might express something along the lines of “I had a traumatic childhood, so it makes sense that I’m depressed.” According to Monk (1997), this class of client language constitutes a “problem narrative,” or one that “emphasizes certain experiences at the expense of others so that the coherence of a storyline can be maintained” (p. 13). From a CBS perspective, such restrictive self-stories additionally serve as a clear demonstration of the potentially harmful behavioral consequences of human language and cognition and highlights the importance of self-stories as targets of intervention.

Re-writing inflexible narratives about oneself begins with acknowledging the complex and largely unconscious processes that maintain them. Through operant responding, humans learn increasingly complex networks of relations between stimuli in their environment and their own cognitions, memories, and emotional responses (McHugh et al., 2019). When someone experiences an aversive emotional reaction in one context (e.g., in an abusive parental relationship), they are likely to relate it to other contexts that do not involve direct contact with the initial adversity (such as listening to others describing healthier parental relationships) and which are likely to generate psychological responses nevertheless (such as feeling that a

meaningful life is inaccessible to them as compared to others with a healthier upbringing). Zettle (2007) offers an exercise to clients struggling with depression, a condition in which these kinds of self-stories are often pervasive. Clients are asked to spend time writing the “story of their life” up until the present. Then, the therapist and client review the story together and look for instances where a self-story related to depression is coloring the way that life events are spoken about. From here, treatment can proceed with an awareness of which kinds of activities or ways of viewing oneself are especially restricted, which can then be targeted with skills such as acceptance and cognitive defusion.

Summary

A unique form of human language—storytelling—possesses a number of qualities that contribute to its utility as a method of psychological intervention from a CBS perspective. The coherence achieved by the way that stories are constructed and told lends itself to framing psychological content in a similar manner, promoting greater context sensitivity and encouraging choices of actions that are functional to individual meaning. The presence of multiple points of perspective within a narrative (and the necessity to flexibly shift between them) promotes experiential contact with a hierarchical self in which private events are more likely to loosen their regulatory grasp on behavior. Lastly, narrative discourse allows a generative network of symbolic relations to be created, through which the transformation of psychological functions occur.

Storytelling, as the functional process we have described, lends itself to clinical utility no matter the particular form it may take. The psychological functions of storytelling can be equally met through the use of literary, folkloric, filmic, theatrical, artistic, or other narrative mediums.

Inherent too in a functional approach to narrative is the irrelevance of realist versus fictive representations utilized in stories, as both could be equally likely to meet functional ends dependent on the context (e.g., employing a fairytale with a child or an explicit story of psychological struggle with an adult). While a great diversity of narrative approaches may share the same functional properties, certain styles may be more readily adaptable to clinical settings, such as first-person patient narratives adapted into behavioral interventions. In the following section, we advocate how narrative interventions can expand the reach of CBS not merely by communicating established therapeutic principles (e.g., from ACT interventions) in new ways, but by using the modality of storytelling itself as an experiential demonstration of several core routes to behavior change.

Recommendations for Using Storytelling in CBS-Based Interventions

Despite the theoretical rationales we have laid out, only a limited number of interventions have been published to date that utilize narrative techniques to deliver CBS-based treatments. In Table 2, we briefly describe two of these protocols. We additionally provide a list of other behavioral interventions which have used storytelling methods as the central means of treatment delivery, to show the breadth of potential issues that can be addressed. Meier (2012) describes clinical narratives as “blueprints for actions in particular contexts” (p. 7), suggesting that the ultimate behavioral targets of interventions can be brought into the therapy room and enlivened through the use of storytelling. While ACT interventions may feature elements of storytelling such as in expanded metaphors like Passengers on the Bus, treatment protocols that utilize storytelling as an overarching medium to transmit therapeutic principles broadly are lacking, and may uniquely aid in the facilitation of the behavioral mechanisms we have outlined above.

Below we have outlined a number of recommendations for developing such treatments in a manner that is consistent with the aims of CBS. These suggestions are additionally summarized in Table 3.

First, behavioral practitioners should consider how stories can bring a “narrative lens” to issues of case conceptualization. Theoretical work has begun to articulate methods of describing diverse clinical presentations in terms of patterns of derived relational responding that contribute to overarching patterns of behavior bound to particular “self-stories” (Barnes-Holmes et al., 2018). By using a multi-dimensional, multi-level framework (MDML) to understand client narratives, the therapist can understand how different types of relational responding may be working to maintain a dysfunctional self-story. For example, the statement “I’m so pathetic, and nothing will change that” involves mutual entailment (one dimension of relational framing) of the self with the quality “pathetic,” while additionally indicating this relation has been present for a long time, or is low in derivation (one level of relational framing). A more detailed description of MDML is available (Barnes-Holmes et al., 2018), and this approach represents a pragmatic way of integrating narrative into case conceptualization deserving of further study.

Second, CBS-informed models of psychopathology focused on self and perspective-taking have emphasized the importance of “healthy selfing,” or behavioral repertoires which cultivate a stable and persistent sense of self, that contain yet are undamaged by ever-changing emotional states and external events (McHugh et al., 2019). Critically, the development of such repertoires can be impeded early if children are not provided relevant cues inviting them to consider their discrete feelings and challenges as part of the larger tapestry of their experience. Clinicians ought to make efforts to understand clients’ histories in this respect, as well as current contextual factors that may continue to reinforce rigid self-conceptualizations.

Third, by taking into account these narrative-informed aspects of the self, practitioners are able to draw from a variety of methods to engage and alter them in treatment. As we have described, engagement with storytelling may help to foster “healthy selfing” repertoires by inviting the client to be a character, and the author, in their own life story and thereby participate in a hierarchical frame with content such as life histories and psychological experiences. These processes may be facilitated experientially in therapy by “sharing a narrative” (Barnes-Holmes et al., 2018), or coordinating the deictic-I’s of client and therapist so that the client’s self-story can be observed from a distance, and thus providing the opportunity in therapy to reframe or “rewrite” the self-story in the service of a less constricted and more meaningful life. Potentially relevant to this process is therapist self-disclosure, which is often used to illustrate key concepts in ACT by its originators (e.g., Hayes, 2019; Wilson, 2009), and can serve to “level the playing field” between therapist and client (Walser, 2019). Therapists sharing elements of their own life story, as it stands to benefit their client, could be one means of accessing the shared narrative or “us consciousness” that exists in the therapy room (Walser, 2019). In addition to spoken language, therapeutic storytelling could involve multimodal exercises. Therapeutic uses of art, drama, and creative writing that have largely been sidelined in third-wave approaches may have strong theoretical justification in the service of constructing and appreciating more flexible self-narratives.

Fourth, in addition to their potential use within individual psychotherapy, group interventions may particularly stand to benefit from the integration of storytelling techniques. While group therapy has historically incorporated the sharing of individual client narratives (e.g., Alcoholics Anonymous; Humphreys, 2000), protocols in the behavioral tradition often rely on the teaching of therapeutic skills in a didactic manner. Importantly, the sharing of personal

narratives in therapy groups may help to reveal “universal narratives” such as the desire and futility of efforts to control unwanted internal events. The acknowledgment of such shared human struggles is an important component of ACT, and encouraging the sharing of personal stories that speak to these challenges (by both participants and facilitators) may help in creating group environments that are more equitable and empowering to clients. CBS-based protocols have likewise been shown to be effective in group formats for clinical populations at greater risk of stigmatization, such as patients with severe mental illness or “treatment resistant” presentations (Clarke et al., 2014). Utilizing narrative to both share personal experience as well as engage in treatment may help to increase the impact of interventions with these more vulnerable populations.

Fifth, storytelling methods can bring unique innovations to self-help interventions, which have the potential to reach broad and diverse clinical populations. While treatments such as ACT have demonstrated effectiveness when adapted to self-help formats (French et al., 2017), barriers persist in self-guided interventions such as high dropout rates and lack of engagement (Karyotaki et al., 2015). Given the universality of storytelling, self-help interventions could be developed that utilize captivating personal narratives to communicate key therapeutic principles. Such content is increasingly economical to produce and distribute, given the proliferation of technologies such as web-based streaming video, making it feasible to add storytelling elements to existing self-help protocols or to create standalone interventions. Importantly, generating narrative content for self-help interventions allows for the capturing of diverse voices within a community, providing a means of teaching therapeutic strategies that may be more relatable and engaging, especially to underrepresented groups, than traditional formats. Thus, self-help treatment developers should consider taking an iterative approach to treatment development,

such as by seeking to recruit a diverse set of narrators and by working with community members to refine interventions that are engaging and relatable to their target audience (e.g., by holding focus groups). As access to traditional psychotherapy is often limited due to geographical, economical, or stigmatizing factors, integrating narrative elements into self-help treatments can help to further expand the impact of CBS principles into areas of need.

Future Directions

While many seeds of such an endeavor have been sown, merging principles of storytelling with CBS requires more intentional and expansive lines of study. Basic research can examine differences between encountering narrative content and the act of storytelling itself. Such clarification would illuminate whether mere engagement with narrative content may possess certain therapeutic benefits, or whether active participation in constructing personal narratives is necessary for clinically-relevant behavior change. Additionally, we propose that designing interventions through a ground-up narrative lens, by leveraging the inherent CBS-consistent processes that comprise storytelling itself, can help bring CBS to new audiences and concerns in impactful ways. Alongside these efforts, client narratives should be considered as a means of assessing treatment outcomes in CBS interventions, such as through the coding of personal stories captured before and after interventions (e.g., Langlois et al., 2020).

Lastly, it is important to note that while such approaches may be innovative within the field of CBS, storytelling is nearly as old as humanity itself, and the benefits of engaging with narrative have been seen within various cultural traditions for millennia. It is therefore imperative that the journey towards narrative-based CBS treatments respect and incorporate the diverse storytelling traditions that already exist across global cultures. Empowering narrative

traditions historically silenced by the “objective” stories propagated by dominant groups (Sium & Ritskes, 2013) has indeed been described as a central goal of narrative therapy (Monk, 1997). Informing treatment development with culture-specific storytelling traditions could serve to both broaden the impact of CBS-based treatments globally as well as honor the inherent psychological and community-building benefits of such practices.

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Table 1: Core Principles of Relational Frame Theory Relevant to Storytelling

<i>Functional coherence</i>	<i>Concept</i>	<i>Relevance to Storytelling</i>
	<ul style="list-style-type: none"> ● The building of symbolic relations within a shared (coherent) relational network ● Establishing coherence allows mutual and combinatorial entailment to occur between stimuli in a network ● Some forms of coherence can be maladaptive (e.g., psychological rigidity based on social coherence) ● Functional coherence is the relating of stimuli in a network that promotes pragmatic movement towards given goals 	<ul style="list-style-type: none"> ● Stories form a relational network themselves, in which elements such as character, setting, and plot cohere with one another through a shared “narrative world” ● Engaging with stories may help individuals to frame their own experiences in a coherent way ● Choosing valued directions in one’s “life story” may promote functional coherence of ambiguous or unwanted internal experiences
<i>Perspective taking</i>	<ul style="list-style-type: none"> ● One’s awareness of their own perspective is comprised of the deictic relations of I–YOU, HERE–THERE, and NOW–THEN ● Perceiving self-concepts or evaluations as located HERE and NOW can result in fusion and behavioral rigidity ● Viewing self-content as located THERE and THEN, with the self located HERE and NOW, promotes more flexible patterns of behavior 	<ul style="list-style-type: none"> ● Stories, compared to other forms of language, demand a notable amount of perspective taking ● Engaging with the perspectives of characters within a story may help build perspective taking repertoires ● Assigning story-like qualities to one’s own life experiences may promote a healthier sense of self by viewing content as located THERE and THEN
<i>Transformation of stimulus function</i>	<ul style="list-style-type: none"> ● Psychological qualities can travel across relations in a given network ● These qualities can be influenced by relations such as “greater than/less than,” such that stimuli can become more aversive solely based on their relational qualities ● These “transformations” allow previously non-threatening stimuli to acquire psychological impact 	<ul style="list-style-type: none"> ● Stories utilize “narrative discourse,” or the communication of ideas between story and listener ● Narrative discourse allows listeners to relate elements of a story to their own experience ● Psychological qualities present in a story may subsequently transfer to how personal life experiences are viewed

Table 2: Examples of Storytelling Interventions*Examples of published ACT-based protocols*

- ***LifeStories***, a self-help video intervention for depression featuring individuals sharing ACT-based coping skills, has been studied in an open trial (Gaudiano et al., 2017) and a pilot randomized controlled trial (Gaudiano et al., 2020). *LifeStories* was developed by recruiting community members who shared their personal experiences using ACT strategies, and was split into four episodes centered around themes such as acceptance, values, and mindfulness in the management of depression.
- ***Superhero Therapy*** is a self-help intervention published in a graphic novel format (Scarlet, 2016) teaching general mental health coping skills for an adolescent audience. Superhero characters guide readers through various ACT processes, such as developing a “superhero self” (a version of self-as-context adapted for an adolescent audience). *Superhero Therapy* has yet to be empirically evaluated.

Examples of other interventions utilizing storytelling to facilitate behavior change

<i>Topic area</i>	<i>Targeted issues and relevant publications</i>
<i>Physical health conditions (for a review, see Lipsey et al., 2020)</i>	<ul style="list-style-type: none"> ● Hypertension (Houston et al., 2017) ● Cancer screening adherence (Kreuter et al., 2007) ● Physical activity promotion (Saksono & Parker, 2017) ● Chronic disease management (Cangelosi & Sorrell, 2008; Gucciardi et al., 2016)
<i>Mental health conditions</i>	<ul style="list-style-type: none"> ● Depression/anxiety in adolescents (Brosnan et al., 2006) ● Noncompliant behavior in children (Painter et al., 1999) ● Exposure to domestic violence (Anderson & Wallace, 2015) ● Serious mental illness (Roe et al., 2010) ● Relationship functioning (Rogge et al., 2014)
<i>Health disparities</i>	<ul style="list-style-type: none"> ● Hypertension among African-Americans (Houston et al., 2011) ● Cancer screening in Latina and Chamorro women (Larkey et al., 2009; Manglona et al., 2010) ● Diabetes management in refugee communities (Njeru et al., 2015) ● HIV/AIDS prevention for individuals in Ghana (Panford et al., 2001) ● Mental wellbeing in Native Alaskan youth (Wexler et al., 2013) ● Victims of gendered violence in Afghanistan (Mannell et al., 2018)

Table 3: Recommendations for Using Storytelling in CBS Interventions

	<i>Principles</i>	<i>Methods</i>
<i>Case conceptualization</i>	<ul style="list-style-type: none"> ● Importance of childhood environment in developing sense of self (e.g., distinction of <i>I</i> and <i>others</i>) ● Emergence and maintenance of self-stories ● Impact of self-stories on life functioning (e.g., experiential avoidance) 	<ul style="list-style-type: none"> ● Identifying relevant self-stories and associated behavioral patterns in initial case formulation
<i>In-person psychotherapy</i>	<ul style="list-style-type: none"> ● Clinical interactions as demonstrations of narrative principles (e.g., perspective-taking, deictic relational responding) ● Experiential exercises help shift perspectives or “rewrite” client narratives 	<ul style="list-style-type: none"> ● Coordinating therapist and client deictic “I” to explore and re-frame client narratives ● Facilitating expression and contextualization of client narratives through storytelling exercises (e.g., writing, art, drama)
<i>Group psychotherapy</i>	<ul style="list-style-type: none"> ● Group storytelling can facilitate contact with “universal narratives” (e.g., the problem of control) ● Storytelling may help build connections and destigmatization among marginalized patient groups 	<ul style="list-style-type: none"> ● Promoting the sharing of personal narratives throughout group treatment ● Integrating experiential narrative exercises such as writing or creative expression
<i>Self-help interventions</i>	<ul style="list-style-type: none"> ● Learning and retention of therapeutic principles may be enhanced through narrative media ● Accessibility of self-help content can be broadened through the universal language of storytelling 	<ul style="list-style-type: none"> ● Creating story-based self-help resources ● Utilizing multimedia to bring therapeutic narratives to life (e.g., video streaming, illustration) ● Involving community members to contribute and provide feedback on personal narratives to create culturally-relevant interventions