Technical and Empirical History

Origins

The iView is located within the general field of behavioural science. These theories originated at the end of the 19th Century with the research of Edward Thorndike. There followed a period in the early part of the 20th Century when behaviourism became the main strand in psychology, through the work of John Watson. The empirical foundations of the iView begin with B F Skinner, who built on the work of Thorndike.

Learning Theory

Skinner was born in 1904 and published his first major work- the Behavior of Organisms- in 1938. This described foundational principles of learning that have remained empirically valid. Primarily this is the concept reinforcement, although there are further principles. The principles show that behaviour is learned depending on the consequence that follows. Reinforcement defines consequences that are likely to increase the frequency of the behaviour. Skinner continued to research and publish about these principles for the remainder of his life.

It's called radical behaviourism as the idea of reinforcement is fundamentally different from standard psychology, which focuses on cause and effect. Radix is the Latin word for root, and so Skinner's theory was different at the root. The iView shares this empirical foundation.

However, Skinner refused to acknowledge that human beings have thoughts, feelings or other internal sensations leading his work being seen as a sort of 'robot psychology'. As a result, by the 1950s, behaviourism was replaced with 'cognitive' models that had shown successful applications in wartime. As a more humanistic approach to psychology evolved his work went underground until the 1990s, when we take up the story again.

Relational Frame Theory (RFT)

The University of Reno maintained a psychology department that tried to evolve Skinner's work. It turned out to be a dead end, but they remained with the behavioural focus and changed tack. They started looking at the thoughts and feelings which Skinner had refused to acknowledge. During the 1980s their research, led by Stephen Hayes, tried to work out how language, feeling and thinking could be explained in behavioural terms. This led Hayes to formulate the basic ideas of Relational Frame Theory.

Over in Ireland at the National University in Maynooth Dermot Barnes-Holmes was working on the same theme but coming at it from another angle. His work involved the experimental analysis of human behaviour, and he was the most published author in that field between 1980 and 1999. Their paths crossed and a long collaboration led to a post-Skinnerian study of human language and cognition which yielded 3 new principles of learning. These are incorporated in the iView, as the underlying contextual philosophy on which RFT is based.

Acceptance and Commitment Therapy (ACT)

Parallel to the development of RFT in Reno was a therapy application. Standard CBT was hitting a brick wall when it came to scientific principles and so it was a favourable time for the third wave to start emerging. This was the beginning of the third wave of CBT based around Acceptance and Mindfulness. I was the pioneering figure in the UK and Europe from the turn of 2000, delivering a lot of training and setting up workshops for more experienced trainers from the US. It grew very fast, being at the right time, and has now established itself in the mainstream as a recognised from of CBT. There are over 500 RCTs showing its efficacy.

ACT ran out of steam for me, as the therapy model was not tightly enough related to the underlying science. It was effective, obviously, but it seemed to me that the underling power in the science was not being harnessed. The work that followed was to connect the underlying power of the science into a practical framework.

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Applied Behavioral Analysis

By 2005 I had read every book and paper that I could around ACT and RFT but the detailed application of the science was still beyond me. So I started work with a supervisor from the US who schooled me over the next 7 years until I felt competent to go my own way.

My clinical work was now more in a peer setting within addiction recovery. The ACT model was a bit too complicated as this was not therapy but a self help setting. The new behavioral analysis skills were applied to the self help format. Suddenly it was a lot simpler and the first attempt took form under the heading of the Grid. Basically it is an applied behavioural analysis framework made simple. This is the main part of the applied layer in the iView still, and has an extensive empirical base.

Experiential Avoidance

Central to my work is the abandonment of diagnosis, and specific 'conditions'. A very robust new way of looking at people's problems had emerged over this whole period under the heading of Experiential Avoidance (EA). Basically this says that people will try to control what the think and feel, even when it leads to greater problems in the longer term.

Research over 3 decades has shown that EA a single idea is correlated with all the major problems that can be described in behavioural terms. To be technical it is a trans-diagnostic model. There is also a solution to EA which is called Psychological Flexibility. (PF) Act is a psychological flexibility model and again people with higher PF do better across the board in their quality of life. It applies to just about anything where an adjustment needs to be made, and I even did some work on this with end of life cancer patients for instance. It's a very flexible model and completely underpins the View approach to problems. It's foundational and completely solid at an empirical level.

The ACT Matrix

I had been thinking about all of this in the early 2000. Then at the annual ACT conference in 2007 (I think) my ideas crossed with someone else, who was thinking on the same lines. His name was Kevin Polk and he worked in Togus, New Hampshire at a VA facility treating army veterans with Trauma mainly. My clinical specialisation is in trauma so I went over to visit for a week, and sat in on the program. To cut a long story short (involving lots of excited talking), together we created the ACT Matrix in under 3 months. This combined all the elements mentioned above into an easy to use framework, with a training protocol.

Since then the ACT Matrix has remained in its original form mainly. It can be used one to one or in groups but requires a trained person to deliver it. Since then there have been two books published, with translations into French, German and Spanish. It is used around the globe in all sorts of applications beyond clinical work such as in education and business. It is a general purpose model that is easy to use, and has helped many thousands of people. It has been established for over 15 years now and is used around the globe..

Pause. Recover.

Between 2007 and 2014 we had built a large peer community in Portsmouth, Uk around the ACT Matrix. It was for recovery from addiction. I learned how to train peers who were in recovery to lead self help meetings, and created a set of modular formats for them. These were developed further into an 8 week course called Inside\Out. In effect there was now a product that could be rolled out with a framework and training protocols.

It was picked up by Public Heath England in 2015, and incorporated into government policy. Meetings started spreading across the Uk until it was being used in over a third of the local authorities by 2019. In order to make the materials widely available we set up an online system

that meeting leaders could access through the Internet. The materials were very robust by then, so when Covid hit we were in good shape to go online.

The iView

The ACT Matrix was not quite structured enough for an online App, so I started to simplify it even further. This next evolution is based on everything that has gone before but is now even easier to use. In the process I changed the name to the iView, to distinguish it as a full self help model. Instead of the modular in person format from before, it has been built into a step by step App that does not require in person support.

The App has been developed to deliver the iView in a step by step format that suits the Internet. It has been in use for over a year in our referral business so it is also proven and working already. There is nothing here that has not been thoroughly tested, and the next round of developments are already being trialled. The App comes off the front line of clinical work, and distilled into a self help version. It combines a rigorous empirical basis with the 24/7 availability of the Internet.