

ACT for neurological conditions - The Y-shaped model

What are usual courses of treatment and how does ACT fit in?

Treatment for neurological conditions often combines medical, rehabilitative, and psychological approaches. Medications may be prescribed to manage symptoms (e.g., anti-seizure medication for epilepsy), slow disease progression (e.g., dopamine treatment in Parkinson's), or alleviate associated issues (e.g., antidepressants for emotional challenges). Rehabilitative therapy (e.g., physiotherapy, occupational therapy, speech therapy) aims to maintain or improve function and independence.

Psychological interventions are equally crucial for addressing the emotional and cognitive burden of these conditions. Acceptance and commitment therapy (ACT) fits well within this framework by helping people adapt and thrive despite their difficulties. Rather than focusing solely on reducing symptoms or pathology, ACT emphasises creating a life of meaning and connection, supporting individuals to move forward even in the presence of ongoing challenges. This makes ACT a particularly powerful tool in rehabilitation.

A model that aligns beautifully with ACT principles and can help illustrate this fit is Gracey, Evans, and Malley's (2009) Y-shaped process model of rehabilitation.

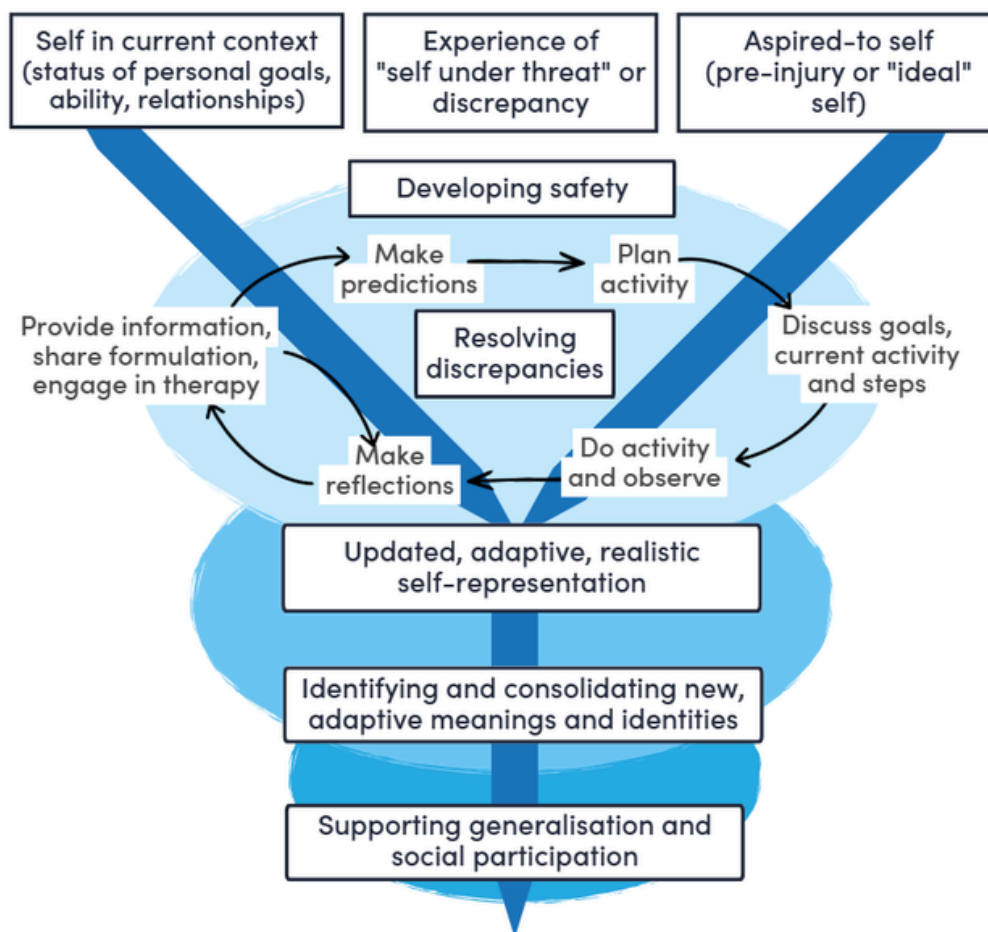
The Y-shaped model

Gracey, Evans, and Malley's (2009) Y-shaped model, developed at the Oliver Zangwill Centre, is a biopsychosocial process model of neurorehabilitation. It locates much of the distress after acquired injury in self-discrepancy: the gap between the self a person was, or hoped to become, and the self they now experience. It theorises that identity threat, not impairment alone, drives a large part of the suffering.

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In the model, the two upper arms of the Y represent these competing self-representations, held apart by that discrepancy. Rehabilitation proceeds through repeated cycles of behavioural experiment and experiential learning, which work to reduce the discrepancy — the converging arms of the Y. Crucially, discrepancy can narrow from both directions: through genuine functional gains, compensation, and environmental adaptation that move current functioning closer to the hoped-for self, and through revising the hoped-for self itself. As the gap reduces, the person moves down the trunk of the Y toward a renegotiated identity, psychological growth, and re-engagement in meaningful, valued activity.

The model tells us where the distress sits and the trajectory of adjustment. ACT, therefore, can be a powerful tool in-session method for renegotiating identity.



Gracey, Evans & Malley (2009)

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Integrating ACT with the Y-shaped model

The two frameworks are unusually compatible: both are experiential and behavioural, and neither treats symptom elimination as the target. The Y is the formulation; the ACT processes are the engine that moves a person along it.

The discrepancy ↔ the conceptualised self.

The "old" or "ideal" self a person is fused with is, in ACT terms, a self-concept being held as literal truth. Defusion and contact with self-as-context, the observing self that persists through every change, are what let identity be held lightly enough to be revised. This is the deepest point of contact: the Y calls for identity renegotiation; ACT provides the mechanism.

The restoration struggle ↔ experiential avoidance.

Insisting that the only acceptable outcome is the return of the former self is, functionally, an unwillingness to contact the grief of the gap. Named as avoidance rather than as denial or poor motivation, it becomes workable and is far less blaming.

Convergence of the arms ↔ willingness and valued action.

The gap narrows as the person becomes willing to feel the loss without being ruled by it, and as valued action builds a workable present self and not by restoration alone.

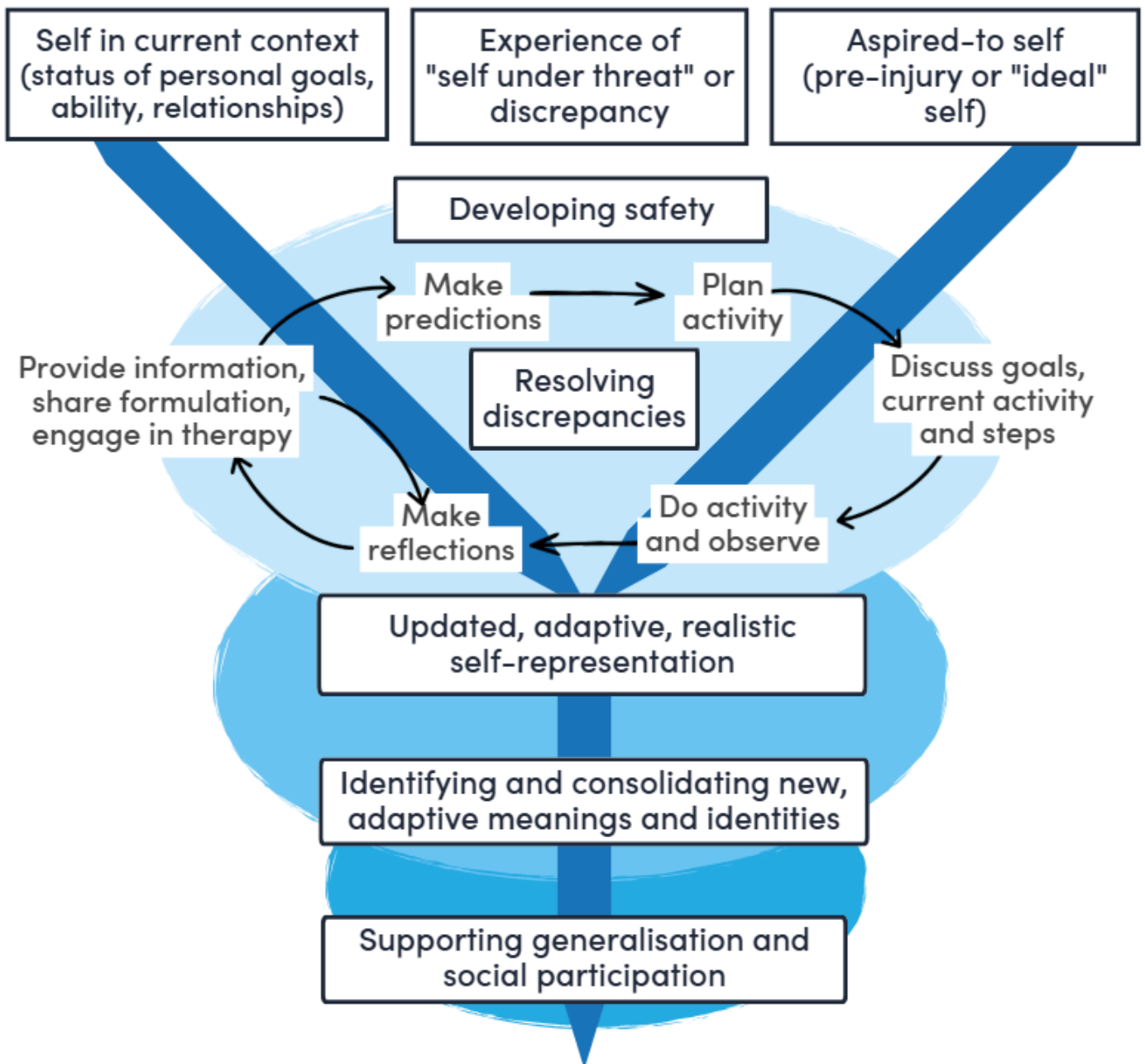
Behavioural experiments ↔ committed action.

The Y's mechanism of change is cycles of behavioural experiment and experiential learning. That is ACT's committed action and present-moment work; the method is already shared.

The trunk of the Y ↔ values.

"Adjusted identity" raises the question — adjusted around what? Values give the renegotiated self its content and its direction.

The “Y-Shaped” process model of rehabilitation



Gracey, Evans & Malley (2009)