

# Bridging the Gap Between Existential/Experiential Psychotherapies and ACT (Acceptance and Commitment Therapy)

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Effective and efficacy-based psychotherapy treatments are those that hold descriptive conceptualizations, remove ambiguity from clinical decision-making, and match treatments to the needs of the client. The contemporary zeitgeist of psychotherapy best practice supports an integrated view structuring information from a transtheoretical approach, matching therapist and client related variables, and accounting for the strength of the therapeutic alliance. This article seeks to examine the bridge between two psychotherapy orientations: existential/experiential therapy and ACT (acceptance and commitment therapy). Clinical utility and research-based credibility is found within the two theories. The bridges between them are flexible, congruent, and can be unified within basic constructs and values. These models offer strong, effective alternatives for form and practice of psychotherapy.

*Keywords:* existential, experiential, ACT (acceptance and commitment therapy), psychotherapy

## Introduction

Effective and efficacy-based psychotherapy treatments must be descriptive, remove ambiguity from clinical decision-making, and match treatments to the needs of the client. The psychotherapist's knowledge of "what works best, for whom, under what circumstances, and in which context" has become the 21st century's mantra of practice. The need to account for treatment effectiveness mandates a sound theoretical orientation, systematic treatment planning, and valid, reliable assessment of outcome. As noted by J. Frank and J. Frank (1991), there must be a plausible explanation for a client's symptoms, in the form of a conceptual scheme or myth, which provides a rationale for treatment and then presents a ritual or other type of procedure for resolving them.

The overall effectiveness of psychotherapy has been established. The classic meta-analytic review of Smith, Glass, and Miller (1980) concluded, "The average person who received therapy is better off at the end of it than 80 percent of those who do not" (p. 87). Lambert and Cattani-Thompson (1996) spoke to the contemporary research, stating "The research literature clearly shows that counseling is effective in relation to no-treatment and placebo conditions. The effects of counseling seem to be relatively lasting. These effects are attained in relatively brief time periods, with the percentage of clients who show substantial improvement increasing as the number of counseling sessions increases" (p. 601). The overarching verdict on the outcome of

psychotherapy is positive: For most people, therapy is more effective at ameliorating emotional disorders than is no treatment at all. However, the literature reminds practitioners that clinical efficacy and clinical effectiveness are substantially different. The efficacy of therapy relates to results shown in the setting of a research trial, where clinical effectiveness is defined by the outcome of therapy in routine practice.

Practitioners may choose from an overwhelming number of techniques for helping people. It is rare to find the practitioner who selects and applies a single theory (“one size fits all”) of therapy or who defines practice from an eclectic (“every size fits all”) point of view. The contemporary zeitgeist of psychotherapy supports an integrated, transtheoretical approach to practice, structuring information about therapist related and client related variables, coupled with ongoing evaluation about the strength of the therapeutic alliance. In the larger perspective, the practitioner must find effective and efficacious grounding in a sound theoretical orientation providing definition, awareness, and a foundation for understanding the human condition. When practitioners can integrate different therapies having strong resonance and congruence, coherent treatment is maximized.

This manuscript seeks to examine the bridge between two such effective theoretical orientations: existential/experiential therapies and ACT (acceptance and commitment therapy). Both existential and ACT approaches have their roots in functional contextualism, the philosophy that serves as the basis of RFT (relational frame theory). It is an extension and contextual interpretation of B. F. Skinner’s radical behaviorism, and emphasizes the importance of predicting and influencing psychological events, including thoughts, feelings, and behaviors, by focusing on manipulable variables in their context (Fox, 2006). Functional contextualism seeks to predict and influence events using empirically based concepts and rules. Knowledge that is constructed is general, abstract, and immediate.

The third wave of psychotherapy is based in practices defined by mindfulness, which has its roots in existential philosophy and experiential practice. Because experiential psychotherapy incorporates techniques and practices from other theories, quantitative difficulties present in studying its effectiveness. Scholarly research of this approach is more qualitative in nature, prone to examine existential themes, such as death, anxiety, and meaning, and how these are ascribed to therapeutic issues and individual characteristics. ACT, a contemporary mindfulness approach, has its roots in behaviorism and contextualism and is receiving substantial empirical support (Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004). ACT provides needed credibility with the clinical utility and elegance of existential and experiential approaches to psychotherapy. The bridge between the theories is flexible, congruent, and can be unified within their basic constructs and values.

### **Existential/Experiential Psychotherapy**

Existential therapy transcends orientation and is a dynamic process addressing life’s ultimate concerns. Psychotherapy in an existential framework encourages the client’s entrance into an authentic relationship with the therapist to increase awareness of the true self. Rather than prescribing techniques and methods, the therapy is an attitudinal approach to issues of living. Existential psychotherapy deals with five important life themes: living and dying, freedom, responsibility to self and others, finding meaning in life, and dealing with a sense of meaninglessness. More than other therapies, existential psychotherapy examines awareness of self that enhances the ability to look beyond immediate problems and daily events and delve into the deeper nature of human existence. The therapist/client relationship is primary. Existential psychotherapy looks toward the aspirational notion of intimacy, involving the caring and sharing of what is most central in the lives of two authentic people.

Existential psychotherapy is approached phenomenologically, defined by the subjective study of objects as experienced in individual consciousness. It unfolds through intuition and concentration around a phenomenon or object, analyzing it, and ultimately freeing the self from pre-conceptions so that “true” understanding and interpretation can follow. Proceeding with intentionality, the process brings objects into the mind and directly observes their interactions in the environment. Intentionality, synonymous with consciousness, is seen as a sentient condition where an individual’s existentiality, facility, and forfeiture to the world are held in ontological significance, i.e., the nature of being. Intentionality is defined by independence from the object and a sense of unique subjectivity. It is brought into consciousness by language, which translates the internal process into observable behavior. However, the subjectivity of intentionality yields few strategies for change or prediction of change. Language is defined as an artifact of inner experience which can never be fully realized. Words distort experience but are the closest vehicle available to understand transparency and congruence. It is as though words serve a projective function of the soul of the individual.

In existential theory and practice, the presence of the true self emerges when the individual transcends “being”, defined as authenticity. Authenticity refers to a “central genuineness and awareness of being” (Bugental, 1981, p. 102). The values and goals of the authentic individual are deeply felt and personal, and in a broader sense, a resonant sense of social consciousness and responsibility-oriented toward intimate contact. The authentic individual embraces existential anxiety and adapts to crises with flexibility and integrity. Crises are seen as opportunities to expand and act, with psychotherapy introducing the individual to greater aspects of self, defined by a meaningful life of freedom, choice, and commitment in the presence of uncertainty. The existential mindset is one of insight and responsibility, leading to the capacity to take action toward favorable change. The healthy individual resonates with a personal and increasingly familiar spirituality, creativity, and newness.

Existential psychotherapy is practiced in an experiential framework. In a discovery-oriented approach, the client’s ongoing awareness of experience is the primary data for determining therapeutic efficacy. The person is seen as a mix of interacting potentials in the experience of events, stimulating both positive and negative emotions. The therapist serves as an egalitarian witness to the process, holding the therapeutic alliance as primary while viewing the client as expert to personal experience. The client is encouraged to relive those experiences that elicit strong emotions as the means for connecting to the deepest potential of the self. The goal of psychotherapy focuses on integration, where the individual learns to improve the quality of interactions while moving toward actualization, defined by structuring experiences that correspond to deeply realized potentials.

Existential/experiential psychotherapy has progressively moved in the direction of process-directive interventions. The term applies to a set of treatments in which therapist interventions are guided by the various process markers presented by the client at different moments in therapy (Greenburg, Rice, & Elliott, 1993). These treatments combine a client-centered relationship with more active interventions or tasks. The figural task brings emotions and their associated action tendencies into awareness, paying greater attention to the client’s questions or problems about experience as feelings are explored. Client statements are viewed as markers indicating aspects of experience that are currently troubling regarding the struggle to resolve certain experiences. When these markers are heard and identified in therapy, the clinician is able to intervene in ways that can facilitate the resolution of these problems. Inherent in this definition is the implication that the relationship may be insufficient for change. As Greenburg, Elliott, and Lietaer (1994) report,

This distinction can be characterized as being with the client, in the client-centered view, or doing something with the client, in the experiential view. The adherents of the more active experiential approach, to differing degrees, regard the relationship as a crucial element, generally suggesting that the client-centered relationship conditions are essential to the success of the active interventions, yet they also see the therapist as directing the process. (1994, p. 510)

## ACT

Acceptance-based approaches postulate that instead of opting for change alone, a more effective approach to therapy may be to accept and change. ACT has its roots in pure behavior therapy suggesting that altering behavior does not demand a change in attitude. ACT deepens this stance, stating that behavior and emotion can exist simultaneously and independently. The concept of acceptance has been described as “the missing link” in traditional behavior therapy (Jacobsen & Christensen, 1996). ACT is grounded in a contextual approach to treatment. Paradoxes of context, such as separating words and actions, and distinguishing a client’s sense of self from personal thoughts and feelings are actively explored. In ACT, the context alters a network or function, rather than only the nature of a relational network in a given situation (Hayes, 2005). ACT predicts and explains the counterintuitive effects of first order change efforts in the cognitive domain.

ACT is considered a “third wave” behavior therapy and an experiential approach to change, defined by an appreciation for contextual approaches to behavior (Hayes, 2005). Unlike traditional behavior therapy, ACT ventures into areas such as dialectics, spirituality, relationship, and mindfulness (Hayes, 2005). ACT emerged from behavior analysis where psychological events are broadly conceptualized as “on-going interactions between whole organisms and historically and situationally defined contexts” (Hayes, 2005, p. 7). Given this contextual approach to ACT with clients, a problem or event is targeted, not on form but function, with the problem defined as flexibly as possible. Fundamentally, ACT is built on the premise that a more fulfilled life can be attained by overcoming negative thoughts and feelings. The goal of ACT is to help clients consistently choose to act effectively, i.e., concrete behaviors as defined by their values, in the presence of difficult or disruptive “private” cognitive or psychological events. The ACT acronym also describes what takes place in therapy: accept the effects of life’s hardships, choose directional values, and take action. The core of ACT is to change both internal (self-talk) and external (action) verbal behavior. Therapy teaches that simple observance of the feeling self, while recognizing and accepting affect as a natural outgrowth of circumstances, is freeing in and of itself. Resisting emotionality is harmful and therapy focuses on shifting content to context of experience. The approach is summarized by two processes: mindfulness and acceptance, and commitment and behavior change. Psychological health is defined as psychological flexibility, i.e., “the ability as a conscious person to experience events fully and without needless defense, and to persist or change in behavior in a given situation in the service of chosen values” (Twohig & Hayes, 2008, p. 3). The ACT model of pathology is described as psychological inflexibility characterized by avoidance, fusion, a poorly conceptualized self, lack of presence, holding unclear values, and inaction.

ACT works by employing six core processes to develop psychological flexibility (health): acceptance, defusion, self-as-context, contact with the present moment, values, and committed action. Acceptance is described as an embracing of experienced reality with an ultimate goal to contact thoughts, feelings, and bodily sensations without defense. Defusion involves “altering the context in which thoughts are experienced in order to undermine their automatic impact and importance, by seeing them as an ongoing relational process” (Twohig & Hayes, 2008, p. 7). The third process, self-as-context, encourages the observing self to connect to occurring thoughts and experiences in the here-and-now without threat. Thoughts are evaluated based on immediacy

rather than as a projection of self in the past or future. Contact with the present moment is explained as “consciously experiencing internal and external events as they are occurring, without attachment to evaluation or judgment” (Twohig & Hayes, 2008, p. 12). Clients are encouraged to experience what is authentic as real, rather than portraying experience as symbolic behavior. Values are “the areas of life that we choose to pursue on a moment by moment basis, but we can never achieve or possess a value as an object” (Twohig & Hayes, 2008, p. 14), and define the fifth ACT process. Values are areas of importance recognized and embraced as guides to personal behavior, giving life meaning, steering action in the environment, and determining priorities. Finally, committed action is at the heart of ACT. It describes “defining goals along a certain path and then acting on these goals while practicing the other ACT strategies so as to build larger and larger patterns of healthy action” (Twohig & Hayes, 2008, p. 16). The process is vital to therapy to propel the client to continue other therapeutic work, e.g., graduated exposure or relapse prevention; it nudges the client into growth extending beyond symptom reduction.

### **The Bridges Between Experiential Psychotherapy and ACT**

While ACT stems from behavior analysis and has its roots in radical behaviorism, it is integrative in its philosophical and applied nature. Its utilization of the client’s experiences, metaphors, mindfulness, and flexibility are highly related to experiential/existential therapies. Perhaps the hallmark pushing ACT toward an existential tradition is in its use of values and meaning as anchor points for behavioral change. ACT not only processes values in the context of quality of life but uses them as the client’s guide relating to a flexible sense of self, mindfulness, defusion exercises, and exposure therapy. ACT combines the richness of experiential/existential therapies with the scientific rigor stemming from the behavioral tradition. This tradition of empiricism has led to the creation of various assessment tools tapping into what one values, incongruent combinations, and combinations that lead to pathology.

There are similarities and points of intersection between the two approaches of psychotherapy. The most salient to be explored include the nature of metaphor in narrative, mindfulness, attribution of meaning, and elasticity related to change.

#### **Narrative/Language and Its Basis in RFT**

Narratives explore the storied nature of human conduct and of how humans deal with experience by constructing stories and listening to the stories of others. Psychotherapists studying narratives are challenged by human activity and experience as filled with metaphorical meaning and practice from the stance that stories, rather than logical arguments or lawful formulations, are the vehicles by which meaning is communicated. Narratives hold root metaphors reflecting the organic nature of the individual’s subjective reality. Existential process speaks of the “remembered self” as a means of construction, understanding, and appreciation of self-properties. The existential notion of the narrative is that, in its ethnography, is a solution to problems that stand between internal and external processes. Some call these “documents of life” as they address fundamental conceptions for experienced revival and renewal.

Philosophically, language is one of the roots of humanity. Humans are the only species that can derive relations between events and symbols, an ability that “assesses the impact of actions, predict futures not yet experienced, to learn from the past, to maintain, build, and pass on knowledge, and to regulate the behavior of others and themselves” (Hayes, Stroahl, & Wilson, 1999, p. 11). While this ability has led to advancements in research, science, and technology, it also has a darker side. The same processes providing the ability to evaluate

threat and formulate sophisticated equations also give the unique ability for self-torture. Unlike animals, humans can have all basic needs met and continue to be miserable. To further compound matters, emotions can be labeled as unacceptable, destructive, or dangerous. This evaluative and judgmental quality of language leads to a truth found in most of the major world religions: To think is to suffer. Held lightly, these thoughts may help guide desired behavior but held literally, they can be destructive (Twohig & Hayes, 2008). ACT seeks to break the ties of “the narrative” or literal language, so that people can experience liberation from their rules, expectations, and judgments. As in existential practice, by viewing uncomfortable thoughts, feelings, and physiological sensations as non-literal, individuals gain the freedom to live lives based on experience, guided by values. This is accomplished through various experiential exercises, metaphors, paradoxical techniques, and mindfulness.

There is a strong empirical and conceptual relationship between language and derived stimulus relations. When two dependent variables are correlated, strategic determination must be considered regarding whether the variables are reflective of the same underlying process. If the areas overlap at the level of behavioral process, then questions about human language may also be questions about derived stimulus relations. This is the basic theoretical and empirical research strategy of RFT, which undergirds ACT and existential philosophies.

RFT asserts that humans hold the capacity to learn, develop, and combine stimulus relations and bring them under subjective contextual control. RFT argues that these distinct features form the foundation of human language and higher cognition (Hayes, 2005). For example, when children develop language, they begin naming objects in their environment, leading to a learned, bi-directional relationship between words and objects, i.e., hearing or thinking a word will bring to mind the object, and seeing the object will bring to mind the word (Pearson, Heffner, & Follette, 2010). RFT calls these “verbal referents”. Verbal referents are derived from root metaphors, which are based on well understood, everyday objects or ideas, and serve as the basic analogy an individual uses to understand the world.

Verbal referents are “comparative, hierarchical, and evaluative” (as cited in Pearson, Heffner, & Follette, 2010). RFT treats relational responding as generalized operants. Gradually, relational responding is organized to become progressively more complex. An example of a comparative verbal referent is, “I’m smarter than you” (based on a child’s learning that he has scored higher on a test than his friend). An example of a hierarchical verbal referent is the association with thinness to the word beautiful. Finally, an example of an evaluative referent is a child feeling shame or sadness upon hearing “You’re a bad boy” (Pearson, Heffner, & Follette, 2010). These are known as relational frames. These relational frames are formed as “acts in context” (Fox, 2006), where any event is interpreted as an ongoing act inseparable from its current and historical context. The truth and meaning of an idea, feeling, or behavior lie in its utility, not in how well it mirrors reality. In contextualism, therefore RFT, an analysis is said to be true or valid if it leads to effective action, or achievement of a stated goal.

Given the impact on language and cognition, RFT asserts that humans can learn to support contextual events that are not formally related. The key concept underlying RFT is simple—Relating is learned behavior. Applying this idea leads to specific points of congruence between ACT and existential practices, including the nature of an arbitrarily applicable relational response, the role of context, the varieties of relational responses, the role of the non-arbitrary environment, networks of relations, and the use of these abilities to solve problems.

**Presence/Mindfulness**

Presence is the beginning and end of all existential processes, and is implicated in every one of its aspects. It is a palpable and potent sign that one is “here” for another. Presence functions to hold and contain the therapeutic interaction, to illuminate salient features of that interaction, and to inspire those who receive or are touched by it. It allows for surprise, self-correction, and moment-to-moment unfolding, permitting both therapist and client moments of authentic encounter. This leads both therapist and client to invoke the actual, i.e., to move into areas that are palpably relevant. The actual alerts each to what is alive and charged, and focuses on intensely personal experience.

Mindfulness is defined as a non-judgmental awareness of experience. The practice of mindfulness is achieved by contact with personal experience in a diffused, accepting, and moment-by-moment way (Hayes, 2005). Mindfulness practices date to Eastern theology and has been incorporated into contemporary tenets of existential philosophy and experiential therapy. Mindfulness encourages individuals into immediate contact with the present moment and away from evaluative and judgmental thoughts while distancing from past or future orientations. The ultimate goals of mindfulness are to openly and fully experience what is occurring in the present, and to label and describe these events without judgment or any notion of control (Twohig & Hayes, 2008).

Both ACT and existential psychotherapies focus contact with the present moment as a means of fully acknowledging all parts of experience (Twohig & Hayes, 2008). This is a sensual process that may include awareness of sounds and bodily sensations as well as contact with the inner experience of cognition and affect (Hayes, Stosahl, & Wilson, 1999). Through presence and seeing internal experiences as non-literal processes that shift and move, the individual is afforded liberation, leading to psychological flexibility and acceptance.

**Meaning/Acceptance/Values**

Experiential meaning is a cyclical process of conceptualizing, experiencing, and exploring. Meaning making yields new shapes, textures, and nuances in an individual’s life and is descriptively understood as the worth of life. Meaning is highly personal and idiosyncratic to the individual and has its “home” only within the individual. By definition, it has an essential, subjective sensibility. In existential theory, meaning is not given, it must be achieved: Some creators must conceive of an idea or purpose of an object, and then embody it with the essence of that object already presents. This convoluted attribute of self-responsibility states that meaning is something without representation or bearing to any other. It is unique, separate, and independent within each person. In theory and practice, meaning is found in psychic work, by experience or encounter, or by the attitude taken toward unavoidable suffering.

Acceptance is neither a state of resignation nor learned helplessness. It is best conceptualized as willingness. Willingness involves “being open to one’s whole experience while also actively and intentionally choosing to move in a valued life direction” (Luoma, Hayes, & Walser, 2007, p. 24). Acceptance is the opposite of experiential avoidance, which involves the unwillingness to make contact with uncomfortable internal emotional states. Acceptance, or willingness, speaks to the paradoxical nature of change. Acceptance liberates individuals from the “control agenda” of experiential avoidance, and the reality that the greater the attempts to avoid “negative” internal experiences, the more entrenched they become. This process has been compared in ACT as a monster, pulling on a rope leading to a deep endless pit. The greater the pull against the monster (or negative internal experiences), the harder it pulls back. A move towards acceptance metaphorically

causes the rope to drop. While this notion of acceptance is directly opposed to Western socialization (or perhaps even the way the human mind works), it liberates individuals for pursuit of personal values, even while experiencing painful internal emotional states.

According to ACT, values are “verbally constructed, global, desired, and chosen life directions” (as cited in Luoma et al., 2007, p. 131). Values are life areas to be pursued but that can never be fully achieved. Essentially, values become a compass to guide life and serve as the anchor for behavioral change. They are highly personal and individualized. Values are to be pursued regardless of affective valence; they speak to the notion of commitment. They not only provide depth, meaning, and vitality to individual lives, but they support psychological flexibility and motivation.

### **Resilience/Flexibility**

Resilience is an experienced psychological process in individuals who are able to interact with the environment to protect themselves and promote well-being in the presence of overwhelming influences of stress and risk. It is the individual’s tendency to cope with adversity, resulting in the capacity to bounce back to a state of typical functioning, or to use the experience of exposure to adversity to learn, grow, and function in a mature, seasoned way. It is a dynamic process of exhibiting positive behavioral adaptation in the encounter of significant adversity, trauma, tragedy, or other sources of stress. A resilient individual has a consistently favorable outcome regardless of high-risk status, is competent under stress, recovers from trauma, and uses challenges for growth that make future hardships more tolerable.

Resilience is noted as a favorable outcome of existential/experiential psychotherapy. This meta-goal overarches all forms of this school of psychotherapy, encouraging a rebounding from setbacks and challenges. A resilient individual does not turn away from or deny problems. Rather, problems are viewed as opportunities for defining meaning, redrawing limits and boundaries, and building more sophisticated coping mechanisms. It is metaphorically viewed as psychological inoculation and as a protection from psychological disease. Resilience is thought to be an ordinary process that may be learned, developed, and enhanced. Many studies show that the primary factor in resilience is a stable set of caring and supportive intimate relationships. Additional factors associated with resilience include the capacity to make realistic plans and execute them, a positive self-view and self-confidence in strengths and abilities, good communication and problem-solving skills, and the capacity to manage strong feelings and impulses. Resilience involves maintaining flexibility and balance in the presence of stressful circumstances and traumatic events.

In a similar vein, the ultimate goal in ACT is psychological flexibility, noted as the hallmark of psychological health. Psychological flexibility is best defined as “the ability to contact the present moment more fully as a conscious human being, and based on what the situation affords, to change or persist in behavior in order to serve valued ends” (as cited in Luoma et al., 2007, p. 17). It is the ability to shift and change based on one’s experiences, as opposed to rigidly adhering to beliefs, rules, or tracks that may not always work. A contextual sense of self helps encourage more flexible behavior according to what is needed in the present moment. It is guided by the experience of what works. This falls in concert with the human potential movement and experiential therapy, and also with current trends in positive psychology.

### **Summary and Trends Toward Efficacy and Effectiveness Research**

A well-formulated set of psychotherapeutic strategies and interventions must be developed on a

psychologically founded theory to verify the therapeutic goals reasonably considered for a given disorder, reveal central starting points in therapeutic encounter, and provide information about the type of therapy most suitable to reach the desired outcome. Existential/experiential therapies, particularly when considered from a process-experiential point of view, have an increasing body of favorable efficacy research. The overall approach to treatment involves a major principle of establishing an authentic relationship promoting of therapeutic work. The client's experience is evoked to access reorganization. Problematic experiential states are recognized in their emergence, they are viewed as opportunities for particular kinds of intervention designed for exploration, change, and incorporation of these states. The intersection of this "state", understood by existential theory, with the forms of task-oriented treatment provided by ACT, enhances the potential for resolution of the particular problem at a given moment.

ACT has recently achieved the status of "Modest Research Support" by the APA (American Psychological Association) for the treatment of depression and "Strong Research Support" for the treatment of chronic pain (APA, 2012). ACT is also listed as evidence-based by the SAMHSA (Substance Abuse and Mental Health Services Administration) for the treatment of psychosis, work site stress, and obsessive compulsive disorder (SAMHSA, 2010). ACT has also been found to be effective in a wide variety of disorders including anxiety, psychosis, epilepsy management, diabetes management, weight management, self-harm, eating disorders, as well as many others (Hayes, 2008).

The bridges between existential/experiential and ACT psychotherapy reflect a three-level process model proposed, originally proposed by Sachse (1992) and adapted in 1998. According to this model, three levels of perception or analysis can be distinguished with respect to psychotherapeutic involvement. The content level, i.e., the central topic of the therapy, speaks to problems in a non-judgmental, observational fashion. Then, the therapy proceeds in a processing level, which is less directed toward the content of the problem and more toward the personal strategies employed for meeting the demands of the problem. Finally, the therapy is constantly evaluated at the relationship level, which is acknowledged as a level of action and analysis. It is a "processing of the processing work".

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