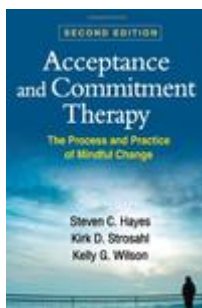


All Rivers Lead to the Ocean

A review of

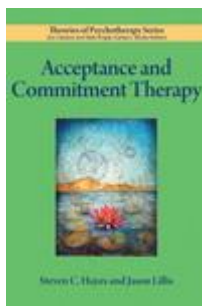


Acceptance and Commitment Therapy: The Process and Practice of Mindful Change (2nd ed.)

by Steven C. Hayes, Kirk D. Strosahl, and Kelly G. Wilson

New York, NY: Guilford Press, 2012. 402 pp. ISBN 978-1-60918-962-4.

\$45.00



Acceptance and Commitment Therapy

by Steven C. Hayes and Jason Lillis

Washington, DC: American Psychological Association, 2012. 168 pp. ISBN

978-1-4338-1153-1 (paperback). \$24.95, paperback

Reviewed by

[Derek Truscott](#)

Stephen Hayes is a very busy writer. In 2012 alone he coauthored the two professional books reviewed here and another for a general audience. With the second edition of *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*, Hayes, Strosahl, and Wilson present a remarkably thorough accounting of acceptance and commitment therapy (ACT; pronounced as one word and not A–C–T because that sounds too much like E–C–T [i.e., electroconvulsive therapy], according to the authors). *Acceptance and Commitment Therapy* by Hayes and Lillis is part of the American Psychological Association's (APA's) Theories of Psychotherapy series and is a much briefer introduction.

As I was reading both books, I found myself asking, “Who would want to read this book?” and its corollary, “Who wouldn't want to read this book?” I think that these questions so often came to mind because Hayes attempts to cover so much therapeutic territory that little is left unexplained. And if ACT has covered it all, shouldn't every therapist practice from this approach?

It has been argued that all well-known psychotherapists, from Sigmund Freud to Carl Rogers to Aaron Beck, established their approach to psychotherapy in order to be able to practice authentically (Miller, 1993). Freud valued rational self-exploration and sought to change how we think about ourselves. Rogers valued the facilitation of personal growth and sought to change how we feel about ourselves. Beck values logical analysis of verifiable phenomena and seeks to change how we relate to the real world.

We know about these therapists because all possessed just the right combination of dissatisfaction with existing approaches to psychotherapy to want to develop a better one, cleverness to develop their own, desire to publish their ideas, skill to articulate a convincing rationale, and charisma to get other therapists to pay attention. They found success through practicing according to an approach consistent with their beliefs, as have the therapists who follow in their footsteps.

Psychotherapy research, of course, has long since established that practicing therapy in accordance with Freud, Rogers, Beck, or any of the multitude of others, including Hayes, is helpful (Smith & Glass, 1977; Wampold et al., 1997). This equivalency of therapeutic effectiveness was first noted by Saul Rosenzweig in 1936—over 75 years ago—who summed up his argument with a quote from Lewis Carroll's dodo bird in *Alice's Adventures in Wonderland*: “Everybody has won and all must have prizes” (Carroll, 1865, p. 49). Rosenzweig astutely noted that if theoretically disparate approaches are equally effective, the factors alleged to be responsible for their success are unlikely to actually be responsible.

One explanation tendered by Rosenzweig for the dodo bird verdict is that attributes common to all psychotherapies are responsible for their effectiveness. Given that diverse therapeutic approaches can legitimately claim equal success, he argued, perhaps they are not so different as they appear; perhaps they share features that account for their equivalent results. Fully developed by Jerome Frank (a contemporary of Rosenzweig at Harvard) in his now-famous book *Persuasion and Healing: A Comparative Study of Psychotherapy* (1961), this “nonspecific factors” explanation posits that neither the truth of a therapy's rationale nor

the form or content of its procedures is responsible for its efficacy; rather, the active ingredients are the provision of a healing circumstance, myth, and ritual.

When Freud told his patients that in order to be less troubled they had to bring their unconscious impulses into consciousness, therefore, he was not stating a truth; he was offering a healing myth. Lying on his couch was the healing circumstance, and free association the ritual that went along with the myth. These practices are what Rogers did when he showed his clients a way to find their own solutions by empathizing with them and Beck does when he shows his patients how to relate to the world more logically by challenging their irrational beliefs.

Now we have Hayes, who tells patients that human suffering arises from trying to solve problems that are, in fact, normal instances of unavoidable psychological pain. If we can recognize that our thoughts are just thoughts and not reality (a process Hayes calls *defusion*), that our experience of psychological pain is not to be avoided (a process Hayes calls *acceptance*), and that we should commit ourselves to realizing chosen values, we can find mental health. These ideas should sound familiar to anyone who has even a passing knowledge of Eastern philosophy or experiential therapies such as gestalt.

The similarity is no coincidence. Hayes tells of the origins of ACT being his success with gestalt and Eastern-inspired mindfulness techniques for which he didn't have a scientific rationale, so he went to work developing one (the parallels to the origin of Les Greenberg's emotion-focused therapy [Sloan, 2004] are striking). The rationales that Hayes arrived at—what he calls *contextual behavioral science* and *relational frame theory*—are extraordinarily elaborate. It takes a very dedicated reader to follow their premises, evidence, logic, and conclusions, especially in the longer Guilford Press book.

Those therapists looking for a scientific justification for using experiential techniques will be rewarded, however. In addition to the rationale of ACT, how to (a) formulate an ACT case conceptualization, (b) establish an ACT relationship, and (c) implement ACT change processes are all thoroughly articulated. Case examples, therapeutic dialogue, and assessment measures are also liberally included, making both books satisfyingly self-contained.

I expect that therapists who do not hold a scientific worldview will have difficulty persevering through the Guilford Press book, however. Although they will recognize many techniques and agree with many of the clinical insights presented, they will probably find the meticulously—almost relentlessly—empirical rationale off-putting.

To these therapists I would recommend the briefer APA book (this book has a companion DVD, reviewed previously in *PsycCRITIQUES* [Robinson, 2009]). I also have difficulty imagining a person-centered therapist, for example, presenting an ACT rationale to a client in a plausible manner. It would be better for therapists to stick with whichever therapy is congruent with their personal worldview (Truscott, 2010) and draw strength from the knowledge that empirical research shows that therapies based on an empirical rationale

(such as ACT) are just as effective as—and no more than—those based on other rationales (Wampold, 2010).

This brings me to the conclusion I am left with after reading both *Acceptance and Commitment Therapy* books. It is not commonly acknowledged that Rosenzweig (1936) offered another explanation in addition to nonspecific factors for why all psychotherapies are effective. He suggested that it is quite possible that different approaches actually target important unique change processes. Psychological events are so complex, he argued, that alternative therapies are probably equivalently inaccurate while being accurate enough to effect change. Different approaches to psychotherapy may be acting upon differing yet essential processes. A change in one aspect of a client's life will affect the other aspects because they are all, in reality, of a whole. A change in how we behave, for example, will result in a change in how we think, feel, and relate to others. Similarly, a change in how we feel about ourselves will change our behavior, thinking, relationships, and so on.

If a therapy that addresses an essential aspect of the client's life is provided by a therapist who is compassionate and able to skillfully implement tasks congruent with a plausible treatment rationale in the service of the client's goals, whatever it is that is central to being human will be affected for the better. Hayes presents an earnest—dare I say, committed—application of the scientific method to developing one such plausible treatment rationale. That through doing so he has arrived at an approach so similar to other theorists using very different methodologies gives me hope that we are closer to a unified model of psychotherapeutic change. All therapists of any theoretical allegiance who read either book are very likely to find themselves drawing nearer to the essence of effective psychotherapy.

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