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# The ACT Therapeutic Stance

### Key Concepts

- In ACT, a strong therapeutic relationship is seen as necessary, but not sufficient, for effecting clinical change.
- From this therapeutic stance, the therapist does not present him or herself as the expert, but rather a fellow human being who demonstrates non-judgemental acceptance for the client.
- Although the therapist works from an equal, collaborative perspective, appropriate boundaries are still maintained to ensure the primacy of the client's needs.

Whether clearly articulated or not, all traditional psychotherapies are conducted within the context of a therapeutic relationship. However, different therapeutic approaches vary in the extent to which this relationship is seen as central or ancillary to the actual work of therapy, even though it has significant impact on the outcomes of treatment across therapeutic paradigms (Lambert and Barley, 2002). Further, most treatment manuals assert the importance of a therapeutic relationship but do not detail which therapist qualities or behaviours lead to a beneficial relationship (Norcross, 2002). Within the ACT model, the development of a consistent and collaborative therapeutic relationship is considered of central importance, because it is this relationship that provides the context for the work that will be done in therapy. This chapter is thus positioned at the beginning of this text, so that the interventions that are described throughout the book can be understood within the appropriate framework. Although a strong therapeutic relationship is considered fundamental from an ACT perspective, it is not

seen as sufficient to effect the necessary clinical change for the majority of presenting problems and thus should be viewed as the context within which all ACT interventions occur.

### THE THERAPIST IS NOT THE EXPERT

In order to conduct ACT competently and sensitively, the therapist must strive to foster an environment in which the therapist and client are seen as being equals, on the same level, rather than having the therapist in an expert or ‘one-up’ position. ACT therapists are encouraged to always stay present with the awareness that they are themselves ‘in the same boat’ as their clients. Because the processes that lead to human suffering and problems in living are seen as universal human experiences, rather than pathological processes only experienced by those who need to come for treatment, it is assumed that therapists themselves also struggle with problems such as avoidance, fusion and lack of values clarity. The therapist must be willing to acknowledge that he is a human who struggles too – just with different content. Thus, he should also be able to apply ACT principles to his own experiences, in order to respond consistently and coherently with the model and to form an authentic relationship. If the therapist does not apply the concepts he teaches his clients to his own life, both in and out of session, then there will be a lack of genuineness in the therapeutic interactions that will stifle the development of a full and open therapeutic relationship.

Some clients will welcome this egalitarian, mutual approach and will experience the relationship as inherently validating and empowering. Others will feel initially uncomfortable with a therapist who does not represent himself as having all the answers, wondering why they should come see a therapist if he is not going to tell them how to fix their problems. Still others will assume that the therapist has reached notable levels of personal and professional achievement and thus could not truly understand the depths of the clients’ struggles. In all of these cases, it can be helpful for the therapist to share his approach to his role in the therapeutic relationship:

*Therapist:* I want to be clear that I don’t pretend to come to this with all of the answers. I could never truly know what it has been like to live through your experiences, and so I can’t assume that I know exactly which way we should go as we move forward. You’re the one who is the expert in the specific challenges that you have faced and you’re the only one who can know what is most important to you in your life. But what I’m rather good at is helping people who are stuck get unstuck. So, what I’m hoping is that if you and I put our respective expertise together, maybe we can jointly determine how to move your life forward. Is that something you’d be willing to work toward together?

Such an approach is useful not only as a way to set the stage for the type of relationship that will be fostered during ACT, but also as a grounded way to assure the client who has been through exceptionally difficult or unique circumstances that the therapist will never pretend to know exactly what the client has been through. The assumption that therapist and client are ‘in the same boat’ does not mean that all experiences or types of suffering are equivalent, and the therapist must be careful not to imply that he truly ‘understands’ what it is like to be the survivor of torture, the war veteran, the parent who has lost a child, and so forth – because even if the therapist has been through similar circumstances topographically, the individual experience is still different. Any suggestion to the contrary is likely to be experienced as invalidating by the client. With sensitivity, the therapist can share that it is not the case that he is ‘put together’ compared to the client who is ‘broken’, but that they are both humans who struggle and who have felt pain in different ways. The therapist can then suggest that they work together from this place of mutuality:

*Therapist:* Imagine for a moment that you’re riding a bicycle up a very steep, dangerous mountain. And you come to me for help as you navigate and work your way up this mountain. If we’re successful, I may be able to coach you on taking a more efficient route or avoiding a giant boulder in your path. But I want to be clear – if I am able to give you input that is useful as you ride your way up that mountain, it is not because I’m standing at the top of the mountain, having already surmounted it myself. It’s because I’m on another mountain, just across the valley, working to overcome my own challenges – the distance across the valley gives me perspective on your situation and may hopefully assist you in your own successful navigation. [The therapist may draw two very rudimentary mountains and an intervening valley to demonstrate for the client the importance of perspective and how everyone is climbing his own mountain.]

Over time, experienced ACT therapists find a way to balance the straightforward acknowledgement that they do not have all the answers with the demonstration of sufficient confidence in the process that the client doesn’t run from the therapy room, afraid that the therapist doesn’t have enough experience to know what he is doing. This is a confidence that comes from the assumption that the therapist and client can work together through to a meaningful solution, rather than a confidence that the therapist knows exactly how to ‘cure’ or ‘help’ the broken client.

Observers often note that this very level therapeutic relationship comes across in a way that is quite different from other approaches. Consistent with codes of professional ethics that acknowledge the inherent power differential between client and therapist, ACT therapists recognize that simply by asking for help, clients enter therapy from a position of significant vulnerability. By openly acknowledging the therapist’s

own values about working with the client, the therapist opens up to her own vulnerability, allowing the intimacy of the therapeutic work to be established on a level field (Wilson and Sandoz, 2008). This grounded therapeutic relationship is an essential component of the practice of ACT and is stressed throughout ACT supervision and training (for more on contextual behavioural supervision, see Batten and Santanello, 2009; Follette and Batten, 2000). This open approach also gives the therapist frequent opportunities to mindfully learn from her experiences with each client.

### **BUILDING THE THERAPEUTIC RELATIONSHIP IN ACT**

Although personal therapeutic styles vary from therapist to therapist, the prototypical relationship in ACT is characterized by openness, acceptance, respect, caring and warmth. The therapeutic relationship is used as a vehicle to model the type of relationship the client can have with her own private events. For example, when the therapist does not react with alarm or judgement to a socially unacceptable thought that the client shares, or responds irreverently when the client describes some piece of difficult content, he models that what the client is experiencing is not the enemy, it is the struggle against it that's harmful. Thus, when the therapeutic relationship is coherent and consistent with ACT principles, it allows for another way to reinforce the messages of acceptance, letting go of judgement and moving forward in the service of one's values that underlie the entire ACT model.

By demonstrating transparency and honesty throughout treatment, the therapist can help the client to build trust in the relationship. This is especially important for individuals who have been harmed or invalidated by others. Many clients, especially those who grew up in unpredictable environments, have learned to be especially skilled at reading the emotional reactions of others. Thus, trying to hide a strong response on the part of the therapist, pretending that all is well when the therapist has actually had a difficult day personally, or trying to appear that the therapist always has the answers can all serve an avoidant function and do not contribute to the ACT therapeutic environment. Instead, by sharing an honest (but never mean-spirited) emotional response or by acknowledging that the therapist himself is confused, the therapist can model openness, sitting mindfully with uncertainty and complexity, and can demonstrate how to work through toward possible alternatives in challenging situations. Making these sometimes bold therapeutic moves shows radical respect for the client in ways that simple words cannot.

A genuine sense of respect for the client's experiences, strengths and wholeness as a person is vital in ACT. The ACT therapist begins from the assumption that the client already has what he or she needs to move

forward and does not try to rescue the client from the difficulty and challenge of growth. Many times, when we want to comfort someone or relieve them from their pain, it is because it makes us uncomfortable to see those we care about in distress. However, reassurance or rescuing is generally not in the client's best interest. The metaphor of the butterfly working to emerge from the cocoon applies here. Although it may seem that one is helping the butterfly by assisting it with emerging from the cocoon, it is only through the strenuous effort of exiting the cocoon on its own that the butterfly gains the strength it needs in order to fly and thrive in the world. The ACT therapist thus does not rescue his clients, but instead stands with them as they face the challenges that are in front of them. The ACT therapist also demonstrates radical respect for the client's values. This means that the therapist must truly accept that only his clients can choose how they wish to live their lives. The issue is the workability of individual choices based on the client's value system, not the therapist's own opinions.

It is only when this relationship has been established, based on acceptance, openness and respect, that the ACT therapist can truly engage in the more nuanced and challenging aspects of the therapy. For example, many ACT therapists use irreverence and humour throughout treatment. In fact, such irreverent responses can provide an opportunity to practise defusion and flexibility in real time. However, if the therapist responds irreverently or with a humorous quip to the client's personal content, without first developing a respectful, genuine relationship, the results can be extremely hurtful to the client and destructive to the therapeutic process. Even with some of the more challenging exercises in ACT, it is important that a strong therapeutic relationship has first been established, so that the client can trust that the therapist truly has her best interests in mind.

## **WORKING THROUGH CHALLENGING SITUATIONS IN THE THERAPEUTIC RELATIONSHIP**

Even once a genuine, consistent therapeutic relationship has been established, situations will still arise that may lead to challenging interactions between therapist and client. This eventuality provides one reason that it is important for the therapist to practise mindful awareness throughout therapy, so that such situations can be promptly identified and dealt with in a way that is helpful and consistent with the ACT model. For example, if the therapist senses that there is some sort of problem or disconnect in the therapeutic relationship, he should bring the issue up in a straightforward manner, not simply avoid approaching the topic because the resulting conversation may be difficult.

In fact, the types of problems that may come up in the therapeutic context are relevant for many clients' presenting concerns, as individuals frequently report problems with relationships, intimacy or interpersonal functioning when they present for treatment. Fortunately, the therapeutic relationship can often create a context in which both effective and ineffective behaviours can be evoked. In these situations, the ACT therapeutic approach would be very consistent with the model described in Functional Analytic Psychotherapy (FAP) (Kohlenberg and Tsai, 2007). The FAP approach is based on the assumption that the therapist's emotional responses to a client are likely to be similar to the responses that are evoked in others in the client's natural environment. In response, the therapist can share his genuine reactions to the client's behaviour and thus help to shape more effective responses within the client's interpersonal repertoire through natural consequences. Avoidance of these types of potentially difficult conversations can rob the client of an opportunity to learn how his behaviour affects others positively and negatively.

Similarly, ineffective interpersonal behaviour on the part of the therapist is also likely to be present at some point over the course of therapy. The client should be encouraged to openly bring up such situations with the therapist, so that the therapeutic relationship can be repaired. In such cases, the ACT therapist endeavours to respond non-defensively and to acknowledge if he has made mistakes or done something that has hurt his client. By approaching such situations with humility and genuineness, and working immediately to repair the relationship, the therapist demonstrates that he knows that he, too, is human and prone to imperfection. If handled well, such situations can provide an important learning experience for both therapist and client.

Another situation in which the therapist may have a strong emotional reaction is when the client reaches a barrier in treatment or does not follow through with an action to which he or she had committed. Such situations can bring up natural feelings of frustration, sadness and disappointment for the therapist who cares deeply for his client's well-being. These situations can provide an important opportunity for the therapist to get in touch with his own struggles and remember how difficult it can be to move forward at times – even when it may seem to someone else that it should be easy to follow through. Reminders of the therapist's own humanity can be very important in these moments, so that he can respond from a place of kindness and compassion rather than frustration.

Newcomers to the ACT approach sometimes worry that this type of mutual, open therapeutic relationship might lead to inappropriate therapeutic boundaries. In fact, the boundaries of the therapeutic relationship in ACT are natural and linked to workability, rather than being entirely rule-governed. However, workability is always defined by what is in the best interest of the client, which includes compliance at all

times with relevant ethical guidelines. It is true that the ACT therapist may regularly make self-disclosures during sessions if he believes that to do so could be important for building the therapeutic relationship or helping the client move forward more effectively. This does not mean that the therapist uses the therapeutic relationship to garner support for his own struggles or to help him feel more comfortable. Certainly, the ACT therapist might be more likely than therapists from other theoretical models to share that a recent interaction with the client led him to feel sad, if he thought that such feedback could assist the client with a therapeutic target. However, the decision is less clear when disclosing information about the therapist's life or history. In ACT, there would be no *de facto* rule, for example, that would prohibit a therapist from sharing with a client who is a trauma survivor that the therapist had also experienced a traumatic event as a child. However, the decision to do so would not be simple. Before making such a disclosure, the ACT therapist would be expected to seek consultation or supervision and to think carefully through the function that such a disclosure would be expected to serve. The therapist would need to examine whether the urge to disclose this information is truly for the potential benefit of the client, or is instead in the service of helping the therapist to feel more connected to the client or less alone himself.

## **CONSIDERATIONS FOR THE THERAPEUTIC RELATIONSHIP IN ACT**

Although ACT can at times be an intensely emotional therapeutic approach, especially once the client has broken through the barriers of avoidance into willingness and acceptance, ACT therapists do not focus on emotion solely for emotion's sake. The topographical display of emotion is irrelevant to the principles and practices of ACT. Crying or other types of emotional experiencing are only consistent with the ACT model if they serve to move the person closer to her values and goals. Conversely, although much of the language used to describe ACT concepts and metaphors can come across as intellectual and 'heady', it is important that the ACT therapist steer away from intellectualizing in the session and point out this unhelpful process when either the therapist or client are becoming overly intellectual or analytical in a way that does not serve the needs of the moment.

In situations where a client is unable to label her own emotions (often associated with growing up in an inconsistent, invalidating environment), the therapist can use her empathy and connectedness to suggest possible emotions the client may be feeling. However, these should always be expressed as hypotheses (e.g. 'Would it be accurate to say that you're feeling angry right now?' or 'If I were in your situation, I think I

would feel quite disappointed. Do you think that you're feeling at all disappointed?"), so that the client can disagree openly if the labels do not fit. In the context of a strong therapeutic connection, the skilled therapist can work with the client over time to gradually move from alexithymia (the inability to express feelings with words) to awareness to acceptance of the full spectrum of emotional experience.

As a final note, it is important to recognize that the central role of the therapeutic relationship as described here does not preclude the effectiveness of learning ACT principles through bibliotherapy or online methods of training. In fact, promising data are emerging that suggest that many of the concepts of ACT can be effectively learned and implemented in ways other than in a traditional interpersonal context. This chapter has simply described the characteristics of the therapeutic relationship that are posited to be most helpful when ACT is delivered in interpersonal psychotherapy settings.

### Summary

The therapeutic relationship in ACT serves as a model for the relationship the client is working toward developing with respect to his own personal experiences and private events. By showing openness, acceptance and respect, the ACT therapist builds a collaborative approach in which client and therapist work together to bring the client closer to a life that she values. Although more egalitarian than some approaches to therapy, ACT therapists still recognize appropriate and ethical boundaries within the therapeutic relationship, in a manner that is consistent with function and workability.

### Points for Review and Reflection

- Describe three characteristics of an effective therapeutic relationship in ACT.
- Why wouldn't an ACT therapist choose to frame himself as an 'expert' to a new client?
- Describe two ways that an ACT therapist shows respect for his clients.
- As an ACT therapist, how might you think through whether you should share an emotional response you are having in a session with your client?

### Further Reading

Batten, S.V. and Santanello, A.P. (2009) A contextual behavioural approach to the role of emotion in psychotherapy supervision. *Training and Education in Professional Psychology*, 3: 148–56.

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Wilson, K.G. and Dufrene, T. (2008) *Mindfulness for Two: An Acceptance and Commitment Therapy Approach to Mindfulness in Psychotherapy*. Oakland, CA: New Harbinger Publications.

Wilson, K.G. and Sandoz, E.K. (2008) Mindfulness, values and therapeutic relationship in Acceptance and Commitment Therapy. In S.F. Hick and T. Bien (eds), *Mindfulness and the Therapeutic Relationship* (pp. 89–106). New York: Guilford Press.