

EXTENDED SUMMARY:**ACCEPTANCE AND COMMITMENT THERAPY AND GESTALT THERAPY: CONVERGENCE FACTORS****Raquel Ayala Romera**

Departamento de Personalidad, Evaluación y Tratamiento Psicológico.
Universidad de Málaga. España
ORCID: <https://orcid.org/0000-0002-9967-4544>

María Carmen Rodríguez Naranjo

Departamento de Personalidad, Evaluación y Tratamiento Psicológico.
Universidad de Málaga. Spain
ORCID: <https://orcid.org/0000-0002-9102-9479>

Cómo referenciar este artículo/How to reference this article:

This article was published in Spanish. This is the English extended summary.

Link to the Spanish version: (<https://doi.org/10.33898/rdp.v31i116.368>).

How to reference this article:

Ayala Romera R. & Rodríguez Naranjo, M. C. (2020). Terapia de Aceptación y Compromiso y Terapia Gestalt: Factores de Convergencia. [Acceptance and Commitment Therapy and Gestalt Therapy: Convergence Factors]. *Revista de Psicoterapia*, 31(116), 263-278. <https://doi.org/10.33898/rdp.v31i116.368>

Abstract

Given the strength with which the therapies of the contextual approach are presented in the current psychotherapeutic scene, and the incorporation of elements of humanistic therapy as something natural in the process of emergence and development of this approach (Hayes, 2012), the objective of this article is to identify and develop the specific ingredients that denote a convergence between Acceptance and Commitment Therapy and Gestalt Therapy, which constitute significant exponents of the contextual and humanistic approach, respectively. While Acceptance and Commitment Therapy is a Contextual Therapy based on the Relational Frame Theory, Gestalt Therapy was developed by Fritz Perls, who brought together in this approach the existing knowledge of his time and gave rise to a therapy with great impact on clinical practice. After presenting the theoretical foundations of both approaches, this article identifies a series of theoretical and practical principles in which they coincide despite having followed different paths to reach them, and which are useful both for the understanding of psychological problems and for the development and implementation of effective clinical practices, from a contextual-functional perspective. Finally, a critical analysis is made of the impact of this convergence on future research into the processes responsible for effectiveness in psychotherapy.

Keywords: Acceptance and Commitment Therapy, Gestalt Therapy, Convergence Factors.

Received v1: 3-12-2020. Received v2: 4-10-2020. Accepted: 5-21-2020.

Correspondence:

E-mail: raquelayala@uma.es

Postal address: Raquel Ayala Romera. Departamento de Personalidad, Evaluación y Tratamiento Psicológico. Universidad de Málaga. Facultad de Psicología. Campus de Teatinos, s/n. 29071. Málaga. Spain

© 2020 Revista de Psicoterapia



This article aims to synthesize the specific elements that demonstrate a similarity between Acceptance and Commitment Theory (ACT) and Gestalt Therapy (GT), which has important implications for psychotherapy effectiveness research and ultimately for clinical practice. While ACT is a Contextual Therapy based on the Relational Frame Theory (RFT; Hayes Barnes-Holmes, & Roche 2001), GT was developed by Fritz Perls, who brought together in this approach the existing knowledge of his time and gave rise to a therapy with great impact on clinical practice (Naranjo, 2017). Importantly, Functional Contextualism, as a pragmatic science philosophy where ACT is integrated, breaks with the prevailing model of linear causality, whose purpose is to eliminate symptoms by attempting to modify cognitive patterns or suppress thoughts as the ultimate causes of behaviour, and therefore responsible for psychological distress (Hayes, 2004). Hence, ACT does not aim to suppress internal events as responsible factors for discomfort, but for the person to live in accordance with their own values. A key concept in this context is *psychological flexibility*, a functional set of behaviours that works responding to our own behaviour as participating in a frame of hierarchy with the deictic I (Luciano, 2016). Hayes, Stroschal & Willson (2014) identify six related psychological processes illustrated with a hexagonal shape called *hexaflex* as didactical representation of *psychological flexibility*. The six processes that constitute *hexaflex* are acceptance, flexible attention to the present moment, defusion, self-as-context, chosen values and committed action. However, the difficulty in isolating them as independent processes of therapeutic change has led to these processes being nowadays included in a series of strategies oriented towards clinical practice. These strategies are aimed, first of all, at helping the client identify the current kind of behavioural attitudes that they are immersed in, differentiating those which generate problematic consequences and are in a coordination relationship with the deictic I. Secondly, they aim to design a hierarchical frame that contributes to build an alternative repertoire, connecting with the desirable consequences, which are verbally shaped and bound to the new behaviour (Luciano, 2016; Tornöke Luciano, Barnes-Holmes & Bond, 2015).

The relevance of GT is apparent, among other aspects, by its explicit presence in other psychotherapeutic approaches that emerged later, such as Emotion Focused Therapy (Greenberg, Rice & Elliot, 1993), Schema-Focused Therapy (Young, 1999) or Dialogical Exposure Therapy (Butollo & Karl, 2012). Perls (1998) points out three basic pillars of GT: awareness, the here-and-now and responsibility, which are the guiding thread of therapeutic intervention in this approach. First, awareness is the main objective of the therapy, defined as “the process of restoring health, understanding that neurosis is a darkening of the ability to perceive” (Peñarrubia, 2008, p. 114). Second, GT values the here-and-now or update as the only reality against the past, which no longer exists, and the future, which has not yet arrived (Perls, 2007). If the conflict that appears refers to some experience of the past or future situation, it updates at the present moment and in the current situation. And

thirdly, responsibility is understood in the existentialist sense: we are responsible for ourselves in spite of ourselves. While the inheritance and the environment determine what one is, one always has the ability to respond: respons-ability (Perls, 2008). Thus, awareness of one's own need provides a person with the ability to select the most appropriate response to his or her interests in the here-and-now: awareness allows one to choose. Another key concept of GT is the Gestalt cycle of experience, which describes step by step the process that happens when an organismic need emerges struggling for its satisfaction, that is, the formation of the figure or *gestalt*.

A series of theoretical and practical principles in which ACT and GT coincide are synthetized below. They are useful both for the understanding of psychological problems and for the development and implementation of effective clinical practices, from a contextual-functional perspective.

Key concepts and clinical practices that contribute to a convergence

Contextual therapies advocate for a transdiagnostic system and for the Process-Based Therapy (Hayes and Hoffman, 2017). Thus, the intervention method is not limited by a specific protocol for each psychological problem defined by the symptoms belonging to its diagnostic category, but by a practical model based on a set of processes supported by evidence, which are adapted to the specific needs of each person (Hayes, 2019). It should be highlighted that the person is not assumed to be ill neither in ACT nor in GT, nor it is presumed that there may be something wrong with them. On the contrary, both therapies emphasize the person's active role and none of them pursues the symptoms reduction, even though that may be a therapy consequence.

Functional Contextualism defends a concept of truth that depends on the context, and the reality of an object is determined by the function it fulfils. Therefore, ACT is defined as a-ontological, rejecting the idea of an objective truth (Hayes, Barnes-Holmes & Wilson, 2012). And RFT, as a theoretical framework of the ACT, exposes that it is the set of relational networks derived between verbal stimuli, fruit of the experience and personal history, what defines the lived reality (Gómez-Martín et al., 2006). Meanwhile, how the person perceives the environment is defined in GT, not as the chaotic totality of stimuli immersed in it (background), but as the interaction of these with the interests or particular needs at that moment, resulting in a set of significant stimuli (*gestalt* or figure). Thus, the Field Theory of Gestalt denies the existence of an objective reality independent of the perception of each person and refers to subjective realities determined by the appearance of the figure conditioned by the prevailing need in each moment (Perls, 2007). As a clinical model, GT is functionally oriented "on the importance of the person's adaptation to a changing environment and the various life's situations in an unhindered and healthy way, and to create new responses to new situations (creative adjustments)" (Raffagnino, 2019, p. 70). Therefore, ACT and GT coincide in the importance of the context, not as an objective and independent reality, but from the experience

of the person who is experiencing it and the relationships that they establish with it from their circumstances and personal history.

Regarding the experience of self, ACT distinguishes three types of dimensions of the self: self-as-content, self-as-process and self-as-context. The self-as-content encompasses the descriptions we make of ourselves. The self-as-process is the ability to realize what we are doing. Hayes et al. (2014) define it as a continuous self-awareness. And the self-as-context is the observing self of Eastern traditions. It is the “awareness of the flexible and continuous process of the verbal activity in which it is involved” (Wilson & Luciano, 2002, p. 209). As long as the person does not identify with specific attributes or their sensations, they can face their current living situations with greater flexibility and adapted to the context, thus enlarging their behavioural repertoire (Hayes et al., 2014). Similarly, GT pursues to achieve *authenticity* as opposed to the rigidity imposed by the self-concept. From GT’s point of view, the self-as-content would be equivalent to the self-concept. “The self-concept is to select some aspects of our personality, identify with them and show ourselves so limited and predictable to the world” (Peñarrubia, 2008, p.127). Thus, when the person abandons the desire of being another thing, the rigidity disappears and fulfils the need, thus enabling the interrupted *gestalt* to be completed and the change be done, paradoxically “when one becomes what he is, not when he tries to become what he is not” (Fagan & Sheperd, 2005, p.15). The conceptual affinities between GT’s self-concept and the ACT’s self-as-content are evident, as well as their implications in the generation of psychological distress and, therefore, they are closely linked to the therapeutic objectives of both currents.

On the other hand, from the transdiagnostic system proposed by Contextual Therapies, Experiential Avoidance Disease is a common element in most forms of psychopathology collected in the classical syndromic classification systems (Luciano, 2016). In fact, the ACT intervention focuses on enhancing acceptance as opposed to avoidance (Hayes et al., 2014). Similarly, Perls (2007) describes up to 22 means of avoidance, concluding that this is a general factor found in all neurotic mechanisms, originally called avoidance mechanisms. And finally, in relation to clinical practices, the ACT therapeutic strategies show a clear parallelism to those implemented in GT. It stands out the *creative hopelessness*, based on the identification of the current behavioural classes and their problematic consequences. It is reached when the client realizes that everything they have done so far to solve their problem has not helped them at all, so that they are able to renounce their habitual responses even when they do not yet know if they will have other resources to face the situation (Hayes et al., 2014). Perls (1998, 2008) differentiates five layers in the neurotic structure of the person, which they cross until arriving at the nucleus of the authentic I. In this process, the person has to leave the known, and be able to experience the vacuum that involves (i) the de-identification with the roles and strategies used until now; (ii) the assumption based on their experience that neither one nor the other have been effective in solving their discomfort. Furthermore,

both GT and ACT coincide in the importance of the experience in the therapeutic session, and what happens during its development, compared to the techniques used. The basic technique of GT is the *continuum of consciousness*, through which each experience is discovered and apprehended. It consists of making a continuous reference to the present experience, so that the most important unfinished situation arises to be attended (Perls, 2007). Both GT and ACT stress the use of language, encouraging the client to experience directly instead of speaking “about”; changing the expression “I have to” to “I decide”; as well as avoiding the use of “but”, replacing it with “and” (Hayes et al., 2014; Perls, 1998). As both approaches coincide in the importance of experience, many of the ACT exercises are aligned with those of the Gestalt tradition, with some case studies including genuine gestalt exercises as ACT therapeutic tools (Barraca, 2009).

Conclusions

This paper highlights the clear convergence between the theoretical and practical principles of ACT and GT. In summary, both therapies define themselves as going beyond the therapeutic approach, both state that human beings count on the required resources for a plentiful life, both are more focused on processes than on content, on the experience here-and-now as opposed to the mental production and both support a holistic framework rather than a segmentation. At the same time, both therapies refuse the mechanizing approach and the linear causality, stress the key role of the therapist as a model and the importance of the therapeutic relationship above the applied techniques. Both share the same main purpose of contributing to the client’s capability of having a more plentiful life in harmony with their own values beyond the social context. This convergence leads to the assumption that these common factors are the probable mechanisms responsible for the therapeutic effectiveness, thus revealing the existence of a potentially fruitful investigation field. In conclusion, our analysis opens up the possibility of an integration of ACT and GT based on the common features of both traditions, since both highlight the importance of context and the function of the behaviour in addressing psychological problems, pointing to a transtherapeutic approach aligned with the nowadays widely supported transdiagnostic vision (Hayes & Hoffman, 2017) and the ideographic perspective integrated in the contextual approach (Hayes, 2004).