6 Mindfulness, Values, and Therapeutic Relationship in Acceptance and Commitment Therapy

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At the still point of the turning world. Neither flesh nor fleshless;
Neither from nor towards; at the still point there the dance is,
But neither arrest nor movement. And do not call it fixity,
Where past and future are gathered. Neither from nor towards,
Neither ascent nor decline. Except for the point, the still point,
There would be no dance and only the dance.
—T. S. ELIOT, "Burnt Norton" (1935)

In this chapter, we describe mindfulness processes in acceptance and commitment therapy (ACT) (said as a word, not as an acronym) (Hayes et al., 1999) as they apply to both the therapist and client. We describe ways in which mindfulness and values work in ACT[1] combine to generate a potent therapeutic relationship. The chapter focuses on ways of relating, one human being to another, that foster a powerful working alliance and make valued living a shared creative act in the here and now. What follows should not be considered a comprehensive treatment of the ACT model. For a broader overview of ACT, including the ways in which these components fit into the treatment approach as

a whole, the reader is directed to more comprehensive treatments of ACT (e.g., Hayes, Strosahl, & Wilson, 1999; Hayes & Strosahl, 2004).

In order to understand the centrality of mindfulness processes in ACT, one must see the way the client regards his or her own difficulties. There is little present-moment focus and little acceptance. Likewise, to understand the importance and quality of the therapeutic relationship in ACT, it is important to first understand the orientation to relationship the client brings to therapy. The client comes to therapy with a problem and relates to the therapist as the problem solver. The client views his or her suffering as an adversary and the therapist as an ally in the battle.

The most common explicit purpose of psychotherapy is to alleviate some set of signs and symptoms. If it has gone on long enough, our clients begin to lose themselves in their struggle with sadness, anxiety, and fear. As therapists, we listen hard to these struggles. We listen slowly. We listen carefully. We ask our clients to close their eyes and walk us slowly, step by step, breath by breath, through a very hard day. We listen in a way that allows us to feel their feet as they touch the floor, to see the rain spattered window as they look out at the world. We listen in a way that allows us to put our hands on the grit and grain of our clients' suffering.

Why? Because wherever we see such a long, hard slog, we see an equally potent life looking for a way to unfold. And, we wonder—first to ourselves, and then out loud—what would that person do were the struggle to cease? What would occupy the sweet and sad corners of that life? Would they sing out loud? Would they learn to dance the mambo? Would they buy flowers for their spouse for no reason at all? Would they march for peace or take a quiet walk in the woods? It is in this very slow, deliberate listening and wondering that the beginnings of a particular kind of therapeutic relationship are born.

THE PROBLEM OF SUFFERING

The persistence and ubiquity of human suffering are astonishing. While individual disorders are often quite rare, it is only the carving of human suffering into hundreds of categories and subcategories (American Psychiatric Association, 2000) that makes it so. When we set aside for a moment the categories, many of which are of dubious validity (Follette & Houts, 1996), we see quite a different picture. In a telling prevalence study, Kessler and colleagues (1994) found that nearly a third of their

community sample could have been diagnosed with a DSM Axis I disorder at some point within a mere 1-year time period.

Depression, anxiety, and myriad other forms of human suffering present themselves as problems to be solved in much the same way as getting the car repaired, cleaning a dirty floor, or balancing the checkbook. Humans are problem solvers. Wherever we go we find problems to solve. As therapists, we are often swept up, without questioning, in the client's problem-solving agenda.

THE PROBLEM OF PROBLEM SOLVING

Mindfulness meditation is a marvelous way to see the ubiquity of human problem solving—the complement to the ubiquity of suffering. Give a human an altogether simple thing to do: sit on a cushion and count breaths to 10, then start over. The very first thing we find is a problem. "Ouch, my knee hurts a little." We adjust the knee and it feels better. "Ahhh." Then we notice our back hurts, so we sit up a little. And, again, "ahhhh." Then we notice our mind wandering and remember that we are supposed to be observing our breath, and so we solve the wandering-mind problem. And the next problem comes up, and is solved. And the next, and the next, ad infinitum.

There is a marvelous thing that happens, however, when we let go of problem solving for just a little while. If we gently let go of each problem as it arises and sit at that still point between action and nonaction, the world fills in around us—lush, detailed, abundant, and rich. Oddly, though problems do not go away (the knee still aches, there is still the laundry to be done), we feel a bit freer. Problem solving seems so wholly sensible. It works in so many places in life. It seems, however, there are other areas of living where this problem solving approach falls short.

In some respects, ACT can be thought of as a method of teaching people to let go of wholly sensible attempts to solve the fundamental problem of human suffering. Typically clients come to therapy with a problem and a plan. The problem is some set of symptoms. The plan is to first solve the problem, and then to live life as they would choose. In ACT, we take an approach that is not anti–problem solving, but assumes that human problem solving persistently drifts from domains of living where problem solving is effective into areas where problem solving is ineffective and at times even destructive.

ACT asks questions of the client. What if problem solving 24 hours

a day is not the best way to live? What if problem solving 24 hours a day is not even the best way to problem solve? What if letting go of problem solving and, instead, making contact with exactly where we are at given moment, sitting at that still point, can provide a way to move forward into a life experienced as lush, detailed, abundant, and rich—a life in which we feel freer somehow to move in the direction of things we value?

VALUES AND COMMITMENT IN ACT

The primary purpose of ACT is to embrace necessary suffering in order to increase one's ability to engage in valued living (Strosahl, Hayes, & Wilson, 2004). In ACT, values are defined as a special class of reinforcers that are verbally constructed, dynamic, ongoing patterns of activity for which the predominant reinforcer is intrinsic in the valued behavioral pattern itself (Wilson, Sandoz, Kitchens, & Roberts, 2008). Being a good parent may produce outcomes for our children, such academic and social success. However, even when particular outcomes do not occur, parenting remains important to us. Values are, instead, a chosen direction in which an individual can always move, no matter what milestones are reached.

Likewise, commitment in ACT is not a promise that is made once and that is assumed to organize behavior forever. Commitment involves returning again and again to movement in a valued direction. This is similar to a breathing meditation, in that to meditate is not to notice one's breath without interruption. Interruption is the natural state of affairs. To meditate is to return to the breath each time an interruption is noticed. Similarly, commitment in ACT refers to letting go of interruptions in valued living, and to that gentle turn back toward the chosen value.

Challenges to Work on Values and Commitment

One of the first steps in values and commitment work is for the therapist and client to come to a shared sense of the values that will direct the work in therapy. The integration of values work into therapy can be challenging, as contact with values necessarily involves contact with vulnerabilities. Values and vulnerabilities are poured from the same vessel. When we know what a person values, we know also what can hurt them. This vulnerability, and its associated value, is usually protected by

a well-practiced repertoire of defense. While the form of this defensive repertoire varies, the function is to protect what the individual holds dear. From an ACT perspective, obstacles to valued living are found in failures in present-moment processes, avoidance, cognitive fusion, and attachment to limiting self-conceptualization.

Present-Moment Focus and Values

Clients often have trouble contacting values in the present moment. Worry and rumination are the most frequent forms. For example, a woman who values intimate relationships may be so busy ruminating over her behavior in a past relationship or worrying over a future relationship that she fails to pursue any relationship in the here and now.

Fusion and Values

In addition, because values are verbally constructed, individuals may exhibit a particular kind of rigidity referred to in ACT as *cognitive fusion*. Taking the example above, genuinely intimate relations require flexibility and accommodation. Fusion with an idealized relationship can interfere with needed flexibility and ultimately with good functioning in a relationship.

Experiential Avoidance and Values

Also, individuals may exhibit experiential avoidance related to values. A divorced father may find his thoughts of displacement as a parent or memories of his behavior that led to the divorce so aversive that he neglects commitments to the value of parenting. Avoiding these aspects of experience often produce short term relief, but long-term costs.

Limitations of Conceptualized Self and Values

Finally, individuals may have difficulty experiencing themselves as someone who is free to choose and pursue a direction in life. Sometimes individuals struggle to reconcile what they value with "who they are." For example, an older individual who values education may fail to return to school because of attachment to the thought that he or she is "too old" or "too stupid" to learn anything new.

THERAPIST BEHAVIOR AND THE QUALITY OF THE THERAPEUTIC RELATIONSHIP

Working with values can easily degenerate into navigating problems with the conceptualized past or future, fusion with conceptualized values, values-related experiential avoidance, and limiting self-conceptualization. It is part of the human condition to be problem solvers, and this is no less true of therapists than it is of clients. When presented with a barrage of problems, therapists often feel compelled to dig in and start problem solving. However, this pattern of interaction fosters a therapeutic relationship in which the therapist is whole and competent and the client has (and is) a problem to be solved. The questions ACT asks our clients are appropriate for us as therapists also. What if persistent problem solving is not the best way to help our clients to live? What if persistent problem solving is not even the best way to help our clients to problem solve? What if our readiness to take on the role of the problem solver in the relationship undermines a potentially more powerful therapeutic relationship?

On Math Problems and Sunsets

We often ask therapists interacting with their most intractable clients, "Are your clients math problems or sunsets? Are they problems to be solved or are they sunsets to be appreciated?" Mindful interactions around valued domains can precipitate a strikingly intimate therapeutic relationship. These interactions do not make all problems go away. But, as humans, problems compel us and they compel our clients. And, in that compulsion to problem solve, sunsets are missed along with possibilities for rich experience—both in life and in the therapeutic interaction. In letting go, even momentarily, of problem solving, possibilities emerge and, paradoxically, change becomes possible at just the moment we let go of change as a *necessity*.

ACT AND THE THERAPEUTIC RELATIONSHIP

Therapists from vastly different theoretical orientations note the importance of the therapeutic relationship, making it the "quintessential integrative variable" (Wolfe & Goldfried, 1988, p. 449). There is a quality of relationship that is apparent to the therapist, the client, and even nonparticipant observers, and that consistently predicts positive out-

comes in therapy (see Martin, Garske, & Davis, 2000 for a brief review). A progressive science of clinical psychology necessitates specifying means by which such a relationship can be facilitated.

FACILITATING THE THERAPEUTIC RELATIONSHIP

Therapist Values and Vulnerabilities

We believe that values and vulnerabilities are central to facilitating an intimate working relationship. If we look at our own most intimate relationships, what we find is shared knowledge of values and vulnerabilities. People with whom we feel most intimate are those who know both what we care most about and what we most fear. This is contrary to the common idea that values and vulnerabilities *follow* the establishment of intimacy. We believe that deliberate, mindful insertion of therapist values and vulnerabilities into the therapeutic interaction can produce a potent connection between client and therapist.

Clients come into therapy bearing considerable vulnerability. This creates an imbalance in the relationship. Genuine intimacy in a relationship involves two people standing on shared ground. Thus, the therapist begins by placing his or her own values and vulnerability into the interaction. These values, in so far as they are relevant to treatment, are to be found in the therapist's genuine concern for the client's ability to live a life in which they feel freer to pursue their values. The therapist will not be able to make intimate contact with the client's values and vulnerabilities without the client's help. Therein lies the therapist's vulnerability. The therapist is powerless to move forward without access that only the client can give. A deliberate mindful expression of both this value and vulnerability works to level the ground upon which the therapist and client stand. To do so, we slow the pace of conversation, lean forward, and give direct expression to our value and our vulnerability:

> "I have lots of skills and lots of training. But, none of these will be any help to me without something only you can offer. In order for me to be useful to you, I need you to help me to feel what the world feels like from inside your skin. I have listened to your difficulties, and have heard something of the things you feel are missing in your life. I can sense a longing you feel for something more in life—something richer, freer. I would like to be an agent of that. It would mean a lot to me to be your instrument. Would you help me to see the world through your eyes, to feel what you feel? Would you help me to be your instrument?"

An additional critical component in building the therapeutic relationship is contained in the conclusion in the transcript above. Permission to make close experiential contact with the client's vulnerabilities is sought. The request makes clear the therapist's values and vulnerabilities and also puts the client in control. All the creatures of the earth prefer difficult things they can predict and or control over difficult things that they can neither predict nor control (see Wilson & Murrell, 2004, for fuller discussion). To allow clients to set the pace in this way means relating to them in a way that is both respectful and sensitive. As a general rule, a therapist can never ask permission too intently or too often. Simply adding "Would you be willing to try this?" or "Please help me to really get this" is often enough to extend the therapeutic contract.

Bringing Mindfulness Processes to the Therapeutic Relationship

In the preceding sections on therapeutic relationship, we allude to a quality of interaction that is at least as important as the content. We adopt a deliberate, focused listening and speaking, which make it possible to approach the sensitive area of values and vulnerabilities in alliance and with permission. In training we often refer to the qualities of the interaction as *mindfulness for two*.

Mindfulness has been defined in a number of ways from a number of different perspectives, specifying different processes, outcomes, and even interventions (e.g., Bishop et al., 2004; Dimidjian & Linehan, 2003; Kabat-Zinn, 1994; Langer, 2000; Marlatt & Kristeller, 1999; and see Hick, Chapter 1, this volume). For the purposes of this paper, we focus on mindfulness as a process. The ACT model of psychological health specifies a total of six interrelated processes. In addition to values and committed action, the four remaining component processes (being present, acceptance, defusion, and transcendent sense of self) make up a way of being that contains many of the elements of what is commonly referred to as mindfulness (see Fletcher & Hayes, 2005).

Present-Moment Processes

Present-moment processes refer to the capacity to bring attention to bear in a flexible and focused way in the present moment. Flexibility, within this definition, distinguishes this process from rigidly fixed attention such as might be seen in video game play. Focus distinguishes this process from distractibility, such as might be seen when various events in turn capture attention absent a deliberate quality of attention.

Acceptance

Acceptance involves an intentional openness to one's experience without attempting to diminish or alter its frequency, form, or intensity. Acceptance is not equivalent to liking or wanting. Experiencing pain or discomfort is not, in and of itself, seen as virtuous. However, being willing to experience pain or discomfort, without defense, can make valued living possible.

Defusion

Cognitive defusion is relating to events, including aspects of private experience, in such a way as to increase flexibility. Fusion is viewed as a problem to the extent that it interferes with valued living. For example, the thought "I cannot stand this panic attack" may capture attention and awareness in such a way as to narrow behavior and reduce capacity for valued living. ACT does not intervene on the validity of the thought, as might be done in traditional cognitive therapy. Instead, acceptance and openness to thoughts, both positive and negative, is fostered through predominantly experiential, rather than logical interventions.

Transcendent Sense of Self

From a behavioral perspective, "self" is not thing-like (Hayes, 1984; Skinner, 1974). Instead, self is considered an ongoing stream of behavior born in, and being dynamically shaped by, that crucible of questions the answers to which begin with "I." A narrow focus on difficult content has the potential to narrow the breadth of the experience of self. In order to discriminate a sense of self distinct from the contents of consciousness, multiple exemplars are required. To the extent that our clients are engaged in a broad set of questions, in a slow and deliberate fashion, they are more likely to notice the "I" that notices. Focus on difficulties alone carries the risk of fostering fusion of self with difficulties (i.e., I = depressed, I = anxious). In the service of noticing this transcendent sense of self, we bring our attention to bear in therapy on both sweet and sad moments. We move with flexibility and deliberate pacing among questions about values, vulnerabilities, and struggles.

Effects of Therapist Mindfulness

Therapists who are themselves engaging in these processes are more sensitive to subtle changes in the client's behavior. If therapists can dis-

criminate subtle shifts in the stream of client behavior, they can then teach those discriminations to the client. Also, the therapist who is exhibiting mindfulness is modeling the very behaviors or she is hoping to elicit in the client. Thus, therapist mindfulness creates a context in which client mindfulness is more likely to emerge.

VALUES AND THE MINDFUL RELATIONSHIP

The Sweet-Spot Exercise

A relatively simple method of facilitating contact with client values has been developed in the form of an experiential exercise known as the "Sweet Spot" (Wilson, 2005). In the Sweet-Spot Exercise, the client expresses to the therapist a moment in his or her life that was sweet, and the therapist appreciates the sweetness in that moment. The therapist might introduce the exercise by saying something like the following:

> "You've told me of some of your struggles and I think that I am starting to understand what brought you here. What I'd really like to get right now, at this moment, is where you've found sweetness in your life. I'm wondering if you would call to mind a moment when you felt really alive, when the struggle that has had its grip on you just fell away for a moment—a moment completely without effort, when you knew who you were, and where you belonged. It could be something recent or something long past. I'd like you to call to mind just one. It doesn't have to be the most important or the happiest moment. It may be something really simple. You may even find a little bit of sadness there. See if you can just let that be there for just a moment. Just allow yourself to drift back into that moment and just be there briefly, in that moment of sweetness. Do you have it? [Client indicates "yes."] Good. Now I'd like you to linger there just a moment longer and when I say so, I want you to express to me what this moment was like in a way that I will *get* it. I may not *understand* exactly what was happening, how it came about, or why it was important, but as you express, I should be able to *get* that this was a moment of your life that was truly sweet."

The focus of this exercise is client and therapist contact with the client's values. It is not important that the value is named, so long as both the client and the therapist experience it. This is a good exercise for values work early in treatment because it includes very little that would encourage the explaining and evaluation that might go on if you

simply asked a client in his or her first session, "So, what do you value?" The exercise sets a tone and pace for the relationship that distinguish it from ordinary social interactions. We use this exercise as an example of how values work can target the mindfulness processes in ACT, and how doing so fosters a close working alliance.

Valued Living and Present-Moment Processes

Certain qualities of values and commitment interventions can help to facilitate contact with the present moment during the work. Applying them specifically to the Sweet-Spot Exercise, a therapist might precede the exercise with an eyes-closed noticing exercise, where the client is guided in noticing sensations (sounds, temperature, bodily sensations, and so on) and moves to a mindfulness exercise targeting the Sweet Spot. Throughout, the therapist should use a slow, steady, and deliberate tone and cadence in speaking, using variability to draw the client's attention to particulars in the present moment. The therapist's voice is the primary instrument in setting the pace of the mindful interaction that will follow. As a general rule, it is much more likely a therapist will move too quickly through the exercise than too slowly. Pauses should be inserted frequently throughout. A good way for therapists to pace themselves is by pausing to follow each instruction they give the client.

"I'll start by asking you to allow yourself to sit in a way that will be comfortable to sit—with your feet on the ground, hands in your lap. And, I'll ask you to just gently, gently let your eyes go closed. I'd like you to begin by noticing the different sounds in the room. If you could imagine that you have a sort of checklist, I'd like you to just notice, beginning with the most prominent sounds, just notice them and imagine that you check them off the list. See if you can listen for smaller, more subtle sounds. You might hear the sounds of vehicles outside, the murmur of people speaking in other rooms. And, breathe. Begin to draw your attention to your own body. Begin to notice places where your body makes contact with the floor and the chair. And, breathe. Notice especially the little places where you can feel the transition in that contact. Notice the very edges of the place on your back that are touching the chair. See if in your mind's eye you can trace that margin. See if you can begin to notice the smallest details in sensation that tell you this part is touching and that is not. And, breathe.

"Now, I'd like you to imagine that in front of you there is a file cabinet. In the file cabinet let there be photographs. Imagine that you

open the drawer and reach in and withdraw a picture of you during that sweet moment. And, if there is not a picture there, just let one materialize. Let yourself draw that picture up from the file cabinet and feel it in your hands. Let yourself notice the sensations in your fingertips as you gently hold the photo. Let yourself look into that face of yours in that picture and let yourself notice the details surrounding you. Let yourself see your own face—the cut of your hair, the set of your jaw, the look in your eyes. And now, I want you to imagine that your awareness is some sort of liquid that could be poured into that *you* in that picture. So, imagine that your awareness is beginning to pour into the skin of that you *in that very moment*. See if you can let yourself emerge in that place at that particular moment. Imagine opening your eyes in that place. Let yourself see what you see there. Let yourself notice the sensations that you feel on your own skin in that sweet place. If you are outdoors perhaps you feel a slight breeze. If you're with someone you might feel the warmth of their skin against you, the scent of their hair. Let it be as if you could just breathe that moment in and out. Let yourself feel the life in that moment. As if each breath filled you with that sweetness. Let it be as if every cell in your body can feel what it is to be in that place. Just take a moment to luxuriate in that presence. And now, I'm going to ask you to gently, gently let your eyes open. I don't want you to speak yet. Let yourself look into my eyes and let yourself notice that there is a person sitting right here. Here I am, a person who has known sweetness too. I want to just gently let your sweet moment fill you—slowly, slowly like some liquid. And, when you're ready I want you to gently begin to speak and give expression to that sweetness. Go gently as if you were walking through a forest. If you walk very quietly, you might see things that you would miss if you hurried. So, in the gentlest way you can, let that sweet moment be expressed. Let me hear, feel, see that sweet moment."

The expression of sweetness and, just as important, the therapist's appreciation will be enhanced if this brief mindfulness exercise precedes expression and appreciation. While the client is expressing, the therapist should focus on the client's presentation like a meditation, noticing the sounds of the words and the qualities of the experience that the client is conveying. The mindful, attentive quality of this interaction will precipitate strong connection between therapist and client.

This is an exercise in expression and appreciation, not explaining and understanding. Metaphorically, one could explain and/or under-

stand a sunset, including the physics of the refraction of light through water particles in the atmosphere. However, there might also be value in a simple act of appreciation. Thus, the therapist should ask clients in advance to very deliberately slow their pace of speech as they express—savoring each word and sensation.

During this exercise, clients will often lose the present moment-focus of the interaction. Listen for transitions in the client's pace and pitch of speech, from a lingering, deliberate pace to one with a more conversational quality. When clients speed up, gently coach them to return to a slower pace. Failure to do so will result in a return to more commonplace conversations and to the fruits of those more common conversations.

The coaching of pace should itself be delivered in a gentle, deliberate fashion. Watch also for transitions in therapist responding. If therapists notice themselves analyzing, comparing, evaluating, or attempting to understand they should notice that distraction and gently come back to a simple appreciation of the client's expression. This sort of interaction fosters an intensity and genuineness of communication that forms the basis of a strong therapeutic alliance.

Valued Living and the Transcendent Sense of Self

People do not contact values through the stories they have about themselves (i.e., fusion with self-as-content). Any intervention that encourages flexible, present moment focused interaction with the self beyond conceptualizations should facilitate this contact. Applied specifically to the Sweet-Spot Exercise, several modifications can enhance the emergence of this transcendent sense of self. When the client is expressing, the therapist might stay focused on the client's eyes and resist the urge to convey understanding by nodding, asking questions, and so on. It is not so much the conveyance of understanding that is the concern, but the ways that these subtle social cues lead us back to the realm of day-to-day conversation, and away from this mindfulness exercise for two. We manage impressions of ourselves a good deal in ordinary conversation. The exercise is designed to detune impression management and create a context for more of a person-to-person interaction. Provide clients with a warning beforehand that you might stop them before they have finished speaking and allow for some period of time where their eyes continue to express the sweetness of that moment—even without words. During the exercise, when pace escalates say something like:

"Allow yourself to fall silent for just a minute. I don't want you to begin speaking again until I tell you to. And while you are silent, I want you to continue expressing, but with only your eyes. See if you can just let your experience, your moment of sweetness, pour out of you like water."

This exercise is often intense and tends to foster an experience of "seeing" and of being "seen," for both the client and the therapist. In addition, the therapist might ask the client to notice the "I" that was there, in that moment of sweetness, that has always been there, and that they still carry with them now (the therapist, meanwhile, noticing the same in his or her own experience). Finally, the therapist might reflect on his or her experience with the client, for example:

"Just then, while you were speaking, something happened. I noticed all the stories you have about you fell away for a second and for a moment I saw just you. Not the 'you' who has to be smart or funny or strong or good, but in your eyes for just a moment, you were just . . . you."

There is an assumption built into this exercise that relationship between two individuals (including therapist and client) is enhanced by both individuals being fully present as persons. When therapists and clients are excessively attached to their respective roles, and what they "should" look like in the therapeutic interaction, they can sometimes miss one another as persons. The exercise is designed to erode the separation that roles sometimes impose.

Valued Living and Acceptance

When values are contacted, all the "have-tos" of daily existence fall away, and the client is free to be, without changing his or her experience at all. Certain qualities of values and commitment interventions can help to facilitate this kind of acceptance during the work. Any intervention that involves saying yes to painful experiences related to values should make avoidance less likely. For example, often the Sweet Spot will be bittersweet, involving some sorrow or remorse. The therapist may call attention to this sorrow specifically during the exercise:

"And now, in the middle of all that sweetness, I want you to notice if there isn't just a kernel of sorrow there. Just a little piece of longing that shows up there all mixed in with that joy. I want you to see if you can notice the edges of that sorrow, where you feel it in your body. Now I

want you to slowly, slowly breathe in that sorrow as if it were air. See if, just for a moment, you can let go of managing and just let yourself breathe the sweet and sad gently, gently in and out."

Valued Living and Defusion

Valued living is not a formally defined, inflexible pattern of activity. Rather, it is a dynamic stream of activity. Any intervention that promotes flexible interaction with verbal constructions of the value should make fusion less likely. For example after the client has expressed, the therapist may repeat back words that provoked his or her own responding to "shoulds" or "needs." The therapist assumes that those that provoked him or her may also be likely to provoke the client.

"Now I'm going to say back to you some of the words I really felt when you spoke, and I'd like you to just notice what shows up for you as you hear these words.

"Daughter . . .
"Happy . . .
"Disappointment . . .
"Love . . . "

The therapist might then ask the client what he or she noticed—all the while retaining the mindful pace of the conversation. The therapist should repeat these words slowly and deliberately, savoring the sound of the words. In doing so, the richness of the word may begin to emerge, the sound of the word, thoughts, memories, and emotions provoked—all gently noticed and released in turn. Again, the therapist should be watchful for changes in the pace and pitch of the client's speech. When specific words provoke a call to action, the therapist might return to the expression part of the exercise, repeating these words individually and pausing, asking the client to notice reactions and express a felt sense of those to the therapist. It is important that this interaction not devolve into problem solving. The therapist should actively coach gentle expression and appreciation.

Moving Among Processes

As mentioned previously, these processes are interdependent. This is reflected in the way they are trained as well. As a matter of principle, mindfulness processes are thought to undermine cognitive fusion and

nonacceptance that obstruct valued living. Cognitive fusion and nonacceptance are characterized by a narrowness and inflexibility in behavior. Use of these methods is appropriate when we see the emergence of narrowness and inflexibility in behavior, particularly when that inflexibility impacts valued living. When we see behavioral flexibility emerge, more instrumental interventions involving values and committed action are appropriate. Because fusion and nonacceptance are seen as pervasive in the human condition, therapy typically involves moving between mindfulness and acceptance processes on the one hand, and committed action and behavior change processes on the other.

CONCLUSION

In the preceding sections, we have presented a rationale and structure for building the mindful therapeutic relationship within the ACT model. In doing so, we have reflected on the connection between core ACT processes and the building of that relationship. We do so because, within the ACT model, it doesn't make sense to speak of the therapeutic relationship independent of these processes.

The general therapeutic model of ACT has produced good preliminary data on a wide variety of outcomes including psychotic disorders (Bach & Hayes, 2002; Gaudiano & Herbert, 2006), chronic pain and stress (Bond & Bunce, 2000; Dahl, Wilson, & Nilsson, 2004; McCracken, Vowles, & Eccleston, in press), and epilepsy (Dahl & Lundgren, 2005). Further, the data suggest that across client difficulties, settings, and modes of delivery, positive outcomes of ACT are mediated by improvements in particular facets of mindfulness, such as acceptance and defusion (see Hayes, Luoma, Bond, Masuda, & Lillis, 2006 for a review).

However, because outcome and process research in ACT is in its infancy, the interventions described in this chapter should be viewed as suggestions for clinical action and as a call for basic research into the psychological processes described here. Assertions in this chapter regarding methods for fostering a strong therapeutic alliance are extrapolated from theory and from a body of basic and applied evidence. Even though the general ACT model appears robust, we ought not conclude that all the processes described in the theory are necessary for preferred outcomes to occur. In a certain very important sense, all scientific theories are wrong (Hayes, 2007). The difference between old and new theories is that we know *how* the old theories are wrong.

We likewise call for basic research to expand our understanding of the use of mindfulness in therapy more generally. Although the traditions from which mindfulness has been drawn are quite old, and not without demonstrated potency, the science of mindfulness is in the earliest stages. It is likely that the theories that gave brought us to this stage will not take us to the next—at least not in their current form. However, with persistent interest in mindfulness and dedication to empirical principles, the continued scientific progress into the applications of mindfulness in therapy is as promising as it is new.

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