

IS THERE ANYTHING NEW IN PSYCHOLOGICAL THERAPY? THREE PROPOSALS AND A POSSIBLE ANSWER

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In this paper, some comments are made on three psychological treatments: Acceptance and Commitment Therapy, Mindfulness and the Valencia Model of Waking Hypnosis. Firstly, we expound common aspects of the three approaches and, then, we theorize about phenomenology as one of their possible theoretical bases ("go back to the same things", "let things happen"). Secondly, we assess the innovative or new aspects of such interventions, and finally, their implications.

Key words: *psychological treatment, psychological intervention, cognitive-behavioral, psychotherapy, Acceptance and Commitment Therapy, waking hypnosis, suggestion, mindfulness.*

Se comentan tres acercamientos terapéuticos: la Terapia de Aceptación y Compromiso, Mindfulness y el Modelo de Valencia de Hipnosis Despierta. En primer lugar se expone el posible denominador común de estos acercamientos, y si la fenomenología puede estar a la base de estos acercamientos ("volver a las cosas mismas", "dejar que las cosas ocurran"). En segundo lugar, se tratan los aspectos innovadores o novedosos de estos acercamientos, para finalizar con la valoración de los mismos.

Palabras clave: *tratamiento psicológico, intervención psicológica, cognitivo-comportamental, psicoterapia Terapia Aceptación y Compromiso, hipnosis despierta, sugestión, mindfulness.*

The task entrusted to us by the coordinator of this monographic issue is not at all easy: the public's viewpoint about what's new in psychological therapy. Dr. Antonio Capafons asked us to comment, from the public's perspective, upon the contributions of the three splendid thinkers-researchers who expound the current status of the Valencia Model of Waking Hypnosis, the Acceptance and Commitment Therapy (ACT), and the extremely new Mindfulness. Dr. Capafons has really given us a tough job. We guess that Violante also put Lope de Vega on the spot when he asked him for that famous sonnet ("un soneto me manda hacer Violante" [Violante requires me to create a sonnet]), which Lope subsequently resolved so splendidly ("contad si son catorce, y está hecho" [count to see if there are fourteen, and it's done]). Well, we are in a similar spot with this request: "que en mi vida me he visto en tanto aprieto" [never in my life was I in such a fix].

Let us hasten to state that we are not going to judge our colleagues and their contributions. We are simply not going to judge. Perhaps, if we remove the z [Translator's note: this is a pun: *juzgar* in Spanish is *to judge*, whereas *jugar*—removing the z—is *to play*], we can play a bit with the ideas and reflections. Let us first look at the ideas.

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Do these three works share anything in common?

Obviously, yes, they are all splendid. But beyond a priori compliments, it seems we are talking about different and distant things: Acceptance? Waking hypnosis? Mindfulness?

The therapeutic movement in ACT has been expounded by Drs. Luciano and Valdivia (2006). Therefore, just a note. Born of specialists in the old behavior therapy, ACT wants to play a role in the third wave of scientific psychological therapy. The most genuine aspect of this therapeutic approach is its concern for altering the *function* of thoughts, feelings, or memories, in contrast to changing or reducing them. This contextual change means to alter the function of private events, not their contents. Perhaps this is the only Skinnerian trace in this kind of therapies. In the rest of the strategies, ways of action, and concrete methods it is not easy to find Skinner, Bijou, Ayllon, or Solomon. It is easier to find Victor Frankl, Ellis, Watzlawick, or even Erickson.

With regard to Mindfulness, it reminds us of the classic Europeans, and more specifically of the Spanish mystic era with shades of Far-Eastern culture, always admired in the West. From the Beatles' voyages to the Far East, not forgetting "Little Grasshopper," until the "adoration" of the Zen postulates, in Europe and the U.S.A., we are fascinated by everything from the Far East. At least, an intellectual sector of the erudite and reflective Europe and

America. This fascination led to a multitude of courses, seminars, monographs, articles of dubious scientific value—well, actually of dubious value. However, mindfulness therapy, as proposed by Dr. Vallejo (2006), is not the heir of this low-quality merchandise. Instead, it represents a serious attempt to operationalize what many others already attempted to do in historical periods and circumstances.

The work of Professors Alarcón and A. Capafons (2006) leads us into one of the more classic “Guadianas” [*translator’s note: in Spanish, this refers to something that appears and disappears; it has no English translation*] in psychology: hypnosis. Dead, buried, risen, destroyed again, dusted off again, subsequently annihilated, and always sooner or later at the top of the in the social and scientific “hit lists” shortly after dying. Like the old psychoanalysis, hypnosis represents a recurrent theme insofar as it is polemic and indestructible. On this occasion, Drs. Capafons and Alarcón take us to a barely remembered aspect of hypnosis: waking hypnosis. And from an approach that is faithful to the cognitive-behavioral assumptions.

Therefore, what to these contributions have in common: being somehow the inheritors of “behaviorism”? The formation of their authors and their roots...? It could be. But for us, that is not the main aspect they have in common. From our viewpoint, Husserl’s famous phrase of “going back to the same things” reflects the common denominator of these approaches and therapeutic techniques (“let things happen,” not interfere as a way of “controlling”). Therefore, in our opinion, the merging point of these new fields of action in psychological therapy involves a return to phenomenology.

Does phenomenology triumph over positivism?

For many years, behavior therapy prevailed over many other approaches. Its “daughter,” cognitive-behavioral therapy (a term detested both by behaviorists and cognitivists, not without grounds) reigned for a large part of the decade of the 70s, during the 80s and, although constructivism cast some shadow on it, also during the beginning of the 90s. But in that decade, a Copernican turnabout occurred in psychological therapy; models are not used, the flow has dried up, integration has become a series of integrators that do not even integrate among themselves (eclectic integration, theoretical integration, etc.), and the Task Force and handbooks about efficient or useful treatments appear. The world of ideologies gives

way to the world of total pragmatism. What works (where and with whom) becomes the key that moves editors, researchers, and even the society that should consume the product, “integral health.”

When positivism seems to have provided all it could, when the therapies of “doing and fighting,” of promoting change, seem to have given all they could, but not more than they had already given, then the fashion of existence appears, making an enormous effort to distance itself from philosophy on the one hand, and, on the other, also from fraud and hoax. Existence as the “essence” of change and acceptance. It’s as though the so-called quantitative paradigm, from its conceptions of “explanation,” “prediction” and “control” began to lose its hegemony and were replaced by the terms “comprehension,” “meaning,” and “action.” Or better still, as if one attempted to “marry” the scientific-positivist explanation to Diltheyian understanding. The return to phenomenology, “going back to the same things,” turning toward the study of the essence of things. Going back to the study of the basic components of meanings, taking another look at the Husserlian idea of the conscience permanently directed toward concrete realities (attention as intentionality), and “immanent perception.” Restating the self’s awareness of its own experiences.

On the one hand, we can also find some allusions to existentialism, especially in ACT, for instance:

- Emphasis on the individual’s solitude, Man threatened in his individuality and his concrete reality.
- Every individual should choose a goal and follow it with passionate conviction, aware of the certainty of death.
- Emphasis on choice, freedom, and human responsibility. Choice is fundamental in human existence and it is unavoidable; even the refusal to choose implies a choice. Freedom to choose implies commitment and responsibility. Existentialism stated that individuals—as they are free to choose their own way—must accept the risk and the responsibility of carrying on with their commitment wherever it takes them.
- The individual should live a totally committed existence, and this commitment can only be understood by the individual who assumes it.
- Human life is contemplated in terms of paradoxes, the human being himself—a combination of mind and body—is paradoxical and contradictory.

And also some allusions to intuitionism, especially in

Mindfulness, with regard to its viewpoint of man as a being who can understand what reality truly is through his intuitions. Or that intuitive knowledge offers the human being the possibility of understanding the universe that surrounds him.

None of the three approaches, however, accepts that the only criterion of truth is found in individuals' personal experiences. None of these therapeutic options approves, at least, not explicitly, that the verification of its usefulness, its validity, be investigated apart from the hypothetical-deductive method.

In short, we could say that, with ACT and Mindfulness, and not so much with the Valencia Model of Waking Hypnosis, we are faced with the triumph of phenomenology in the essence of therapy, but maintaining positivism in the search for truth. Although perhaps they would not hesitate to assume that the test of the truth of a proposition is its practical utility, the purpose of thought is to guide action, and the effect of an idea is more important than its origin.

The million-dollar question is: what's new (old)?

Well, probably what's new is an attitude, more than a series of "techniques." They are not new, in the sense of being unpublished or not existing previously. Nor is it a case of old dogs with different collars. In our opinion, it is a case of a new attitude and sense of technology.

In 1969, the film "Queimada" (in English, "Burn!"), directed by Gillo Pontecorvo, an old militant of the Italian Communist Party, premièred. In this film, not very well-known by most people, they tell about the attempt by the British government to destroy the Portuguese monopoly of the sugar commerce. Queimada is an imaginary island in the Antilles that was set afire towards the end of the 18th century by colonial troops in order to quash a slave rebellion. At one point in the film, the leader of the black slave revolt says to the English spy, William Walker (interpreted by Marlon Brando), "the white man knows how to go, but he doesn't know where; we blacks know where but we don't know how." This may be the quid of the question: the "white" therapy (positivist therapies) is learning from the "black" one (existentialist, phenomenologist, and experiential therapies, and counseling) that they must find out where they should head for. In fact, we are undergoing a period in which we still do not precisely know the basic ingredients of change. What is it that really makes an individual change? We are still at a stage of "trial-and-error," of seeking efficacy

and efficiency. The Vikings were wonderful sailors and, as far as we know, they knew nothing about Archimedes' principle. They sailed with boats made of materials that were "empirically" useful. And they didn't do badly, although they probably never thought of making a Viking boat of steel. Ever since we found out that it is not the material but the volume that makes an object float and capable of sailing, a new world in the construction of ships opened up (and what a business was generated, thanks to Archimedes!). In psychological treatments, we lack theorems. Although we live off some of them and, especially, we build on the basis of empiricisms and partial theories. Hence, in psychological therapy, perhaps the new—the really, really new—will come from the hand of the genuine ingredients that promote change. Obviously, this enterprise involves therapists and many psychologists in general. The more we know about the human being, the more we will know about the things that are truly responsible for change.

ACT represents a genuine attempt to bring together theory, research, and applied therapy in the real world. But its ingredients are not new. The use of metaphors, "convincing" by words, and programmed exercises to disarticulate the client's maladaptive "tics" are not new. Nor is interest in the field of acceptance, learning "not to control," "letting things happen" new. The way of structuring the sessions, the interest in systematizing the "insight" work, the combination of action activities and acceptance activities is what makes it a very interesting therapeutic option, especially in borderline personality disorders (or, according to ACT, the Experiential Avoidance Disorder).

With regard to Mindfulness, its recent entrance on the market of psychological therapy places it still under an "assumed value." Meditation, concentration in the present moment, "letting things happen" is not new. However, coming from where it comes from makes it attractive to the professional therapist. It has a good visiting card. And, in fact, it is being investigated in many parts of the national territory and we will soon have results to guide us about its real utility. The most novel aspect: recovering old traditions and strategies and filtering them through the sieve of modernism and research.

Lastly, regarding waking hypnosis, the authors themselves provide the answer to the question of this section, and we quote them literally: "In general, it is very difficult to create something absolutely new. Surely, 'to discover or rediscover' is different from 'inventing

something.' Perhaps this is one of the novel contributions of the Valencia model of waking hypnosis: to rediscover waking hypnosis 70 years after its birth, but providing it with a new perspective, starting out from behavioral-socio-cognitive assumptions of hypnosis".

Effectively, this approach is novel in the general proposal and the particular use of the ways of presenting the technique to the client. And this last point is its principal value: the creativity and originality of the didactic resources and explanations of the technique to the patient, which notably increase the efficiency of hypnosis. The handcrafting of the approach to the patient in the field of (waking) hypnosis seems to be the most noteworthy aspect. Research will let us know whether or not this adjunct is valuable in diverse disorders with diverse patients (Alarcón & Capafons, 2006, p. 77).

Is the public satisfied?

When it seems that almost everything is said and done in psychotherapy, to come across attempts to remodel, remerge, re-propose one or several parts of the therapist's task is something that the public is always thankful for. But the public is also grateful for the following:

- a) Having a well-structured guide to be able to carry out the Acceptance and Commitment Therapy. A guide full of metaphors, well thought-out exercises, and notable creativity. It is also thankful for theoretical roots, and a corpus of systematic and abundant research.
- b) Having a formalized approach to focus on the present moment, to open up to experience and to reality, to achieve radical acceptance, to choose the experiences in which to engage, and to promote the "absence" of control, proposed by Mindfulness.

- c) Being able to discern the structured and scientific approach to hypnosis from charlatanism and spectacles. To have concise guidelines, with important touches of ingenuity and creativity that provide the client with a useful tool to promote the pleasure of a particular therapy, and that increase its efficiency. A rigorous approach to the field of suggestion always pleases the informed public.

Summing up, there would be "nothing new under the sun" if we considered architecture as just overlapping materials, painting as not much more than the use of colors, and music as only a concatenation of sounds. This way, we would only with great difficulty find anything new. However, new buildings that we could not even imagine before, new paintings that impact us, and music that is a revolution to our ears continue to make their appearance. From this likeness, we can say that there are "new" techniques that should continue to be investigated, refined, and disseminated. And therefore, "we, the public" thank the Doctors Alarcón, Capafons, Luciano, Valdivia, and Vallejo for revealing these techniques to us.

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