

Humanistic Psychology and Contextual Behavioral Perspectives

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Humanistic psychology historically defined itself in part by its opposition to behavioral psychology, but the conditions now exist for a fundamental reconsideration of the relationship between these two traditions. Behavioral psychology includes contextualistic variants and is no longer limited to principles drawn from animal learning. Behavioral and cognitive therapies commonly address humanistic topics and have developed process accounts that cast new light on them. In that context, a reconsideration of this relationship could prove to be beneficial for both traditions.

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On the surface, the historical division between humanistic approaches and the behavioral and cognitive therapies is substantial. Humanistic psychology originally *defined* itself to a degree by its opposition to behavioral psychology and psychoanalysis (thus the term “third force”). To this day, entities such as the Association for Humanistic Psychology explain humanism in this way (e.g., <http://www.ahpweb.org/aboutahp>).

Humanistic psychologists thought the behavioral wing was uniformly mechanistic, while humanism was holistic and contextualistic: “mechanistic science (which in psychology takes the form of behaviorism) [is] too narrow and limited to serve as a general or comprehensive philosophy” (Maslow, 1966, p. 3). Behaviorism supposedly focused entirely on a passive organism responding to external contingencies, or input-output explanations drawn entirely from animal learning, while humanism dealt with an active organism that was different in many ways from nonhuman animals, particularly, in the area of cognition (Maslow, 1966). Humanistic psychology emphasized existential and interpersonal themes such as meaning, purpose, values, choice, spirituality, self-acceptance, and self-actualization—all of which were thought to be beyond the reach of behavioral psychology.

From the beginning, there were functional and contextual strands of behavioral thinking that understood the importance of these topics and sought greater integration, but opportunities were missed, and the ones that occurred were unappreciated. The founder of the journal *Behaviorism*, Willard Day, overtly sought reconciliation between radical behaviorism and phenomenology (Day, 1969). Most present day Gestalt therapists would find it incomprehensible that the coauthor who contributed the extensive personal and applied exercises (see Perls introduction, p. viii) to the original book on *Gestalt Therapy* (Perls, Hefferline, & Goodman, 1951) was Ralph Hefferline, an experimental psychology faculty member at Columbia and a rat running radical behaviorist in the Skinnerian tradition (Knapp, 1986). For reasons that are easy to understand today, Hefferline objected to the label “Gestalt,”

preferring the term “Integrative Therapy” (Shepard, 1975, p. 63), but integration was not the order of the day and the two traditions stood far apart for decades.

Today, a fundamental realignment is underway between the behavioral tradition and humanistic psychology. Cognitive behavior therapy (CBT) researchers now routinely test and develop methods that are explicitly based on humanistic psychology (e.g., Motivational Interviewing, Miller & Rollnick, 2002). However, the realignment goes deeper than that. A large set of acceptance, mindfulness, and values-based methods have emerged from within CBT that deal extensively with topics classically embraced by humanistic psychology (ironically this set of methods are often called “third wave” CBT, Hayes, 2004, but we will use the less confusing term “contextual CBT,” Hayes, Villatte, Levin, & Hildebrandt, 2011). These include Acceptance and Commitment Therapy (ACT: Hayes, Strosahl, & Wilson, 2011), Dialectical Behavior Therapy (Linehan, 1993), and Mindfulness-Based Cognitive Therapy (Segal, Williams, & Teasdale, 2002), among many other methods (Hayes, Villatte et al., 2011). Some parts of this change are linked to developments in behavioral thinking itself that hold out hope for a more transformational dialogue between humanism and behaviorism. That seems most surprisingly true of the ACT tradition (surprising because it emerged from behavior analysis), which is why I will emphasize that corner of CBT in my comments.

Philosophical Similarities Between Humanism and the Contextual Behavioral Perspectives

Humanistic psychology views itself as holistic and contextualistic, but there are strong holistic and contextualistic perspectives within behavioral thinking as well. This was always true (Day and Hefferline are examples) but it was invisible to those outside of the behavioral tradition, and historically it was controversial to those within it. As the contextualistic qualities of some behavioral perspectives have become clearer and that wing has become more ascendant, a reconsideration of the relationship with humanism is a natural next step.

The core analytic unit of all forms of contextualism is the ongoing act-in-context: the situated action of the whole person

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(Pepper, 1942). It is doing as it is being done, in both a historical and situational context, such as going to the store, or trying to be understood. Actions of that kind are inherently holistic and purposeful—actions are defined by their purpose and meaning—which provides the philosophical background for the importance of topics such as meaning, purpose, needs, goals, and values to humanistic psychology.

The landscape changes once it is realized that this holds true for scientists themselves (see Skinner, 1945 for a classic example). Scientists too have a history, they too act in a context, and they too have goals and values for their scientific work. For that reason, there are varieties of scientific contextualism, organized and defined by their goals and purposes (Hayes, Hayes, Reese, & Sarbin, 1993).

The most common forms of contextualism are all *descriptive*—they seek an appreciation of the participants in a meaningful whole (Hayes, 1993). Choice, goals, meaning, narrative, and purpose are common themes to humanistic psychologists in part because these are features that define and help form the wholeness of human action. This yearning for appreciation of key participants in the whole is reflected in the way that existentialists seek to understand how a whole human being faces a meaningless world and by choice creates meaning amid despair, anxiety, and nothingness; or in the way that Rogerians explore the client's capacity for self-direction and integration.

However, if goals are a choice, contextualists can choose other goals, and what emerges from a scientific analysis may differ among contextualists if their goals are different. There is a functional contextual wing of behavioral thinking that reveals this possibility (Hayes, Hayes, & Reese, 1988). Functional contextualism has as its goal the prediction-and-influence of psychological events with precision, scope, and depth (Hayes, Strosahl, & Wilson, 2011). Skinner claimed that the purposes of science were prediction and control as if this is an objective fact (1953, p. 14 and p. 35) but that way of speaking is dogmatic. His purposes were to predict and influence psychological events. Once that is put right, the natural alliance of functional and descriptive contextualism can better be explored (see Hayes et al., 1993 for a book length exercise of that kind). The possibility of different purposes is built into contextual thinking. What is key to successful communication among contextualistic psychologists is that truth be seen as matter of the accomplishment of purpose rather than a matter of ontology, and that differing goals be made clear.

Clinically, all forms of contextualism focus on local meaning and purpose. This posture helps the clinician let go of grand ontological claims more generally and thus any need to force clients into a particular world view. The client's purposes and values are the metric for clinical work. There is no need to struggle over who is "right"—the point is to empower clients to pursue their deepest needs and values by bringing curiosity and creativity to how they deal with their own history and circumstance. The client's natural analytic agenda (understanding for an active purpose) can become the clinician's—a process that fosters alliance building and the centrality of the therapeutic relationship. This paragraph applies with equal force to functional contextualists, such as those in the ACT tradition and some other wings of contextual CBT, as it does to descriptive contextualists such as those in the humanistic tradition and for a simple reason: there is a large philosophical overlap between the two. As it applies to

clients, there is no a priori reason to think that functional contextualists are disadvantaged as compared to descriptive forms: after all, clients themselves generally want to influence behavior.

Human Language and Cognition

If that is correct, then why has it taken so long for a natural alliance to be explored? Part of it was that humanists mistook *some* of the behavioral tradition to be *all* of the behavioral tradition. There is a wing of behavioral psychology that is indeed mechanistic, but that is not universally true and only those within the tradition would be likely know the difference due to overlap in technical terminology.

The larger part, however, was a problem with behavioral psychology itself: even the more contextualistic wings could not meaningfully address language and cognition at the time when humanistic psychology was being formed. Without a way of addressing human cognition, core concerns of humanistic psychology are simply incomprehensible. Behavioral principles derived from nonhuman animals are not alone an adequate basis to explore meaning, purpose, values, choice, spirituality, self-acceptance, and self-actualization. In the 1960s, even that statement would be controversial within behavioral psychology, but for most behavioral psychologists today, it would not.

Within mainstream CBT, it certainly would not, as traditional CBT has embraced a variety of cognitive perspectives. In the main, these have *not* been drawn from informational processing or cognitive science (much of which is mechanistic), but rather from clinical theories of cognition. The specific theories vary but few have any principled reluctance to deal with meaning and purpose or similar topics.

Perhaps, the more interesting case is clinical behavior analysis and ACT, because it has stayed attached to the same tradition that was originally based entirely on animal learning and that was pushed against by early humanistic psychologists. Reconsidering the relationship in this case is possible because behavioral psychology did not stop developing in the 1960s. ACT is based on a behavioral theory of cognition that has become among the most commonly researched basic behavior analytic theories of human action: Relational Frame Theory (RFT: Hayes, Barnes-Holmes, & Roche, 2001).

RFT can be rather arcane, and it is impossible to address in any detail here due to the length and purpose of this piece, but clinically accessible books on it are now available for interested readers (e.g., Torneke, 2010). According to RFT, the essential core of language and higher cognition is the learned ability to derive mutual and combinatorial relations among events, and to change the functions of events on that basis. If a reader was told that X is bigger than Y and Y is bigger than Z, that would be enough to derive an entire network of relations between X, Y, and Z. If Z was now paired with shock, X would produce much *more* emotional arousal than Z itself, due to the cognitive relation between X and Z rather than direct experience (Dougher, Hamilton, Fink, & Harrington, 2007 provides an experimental demonstration). Said in another way, human language and cognition *changes* how direct learning principles operate. Several studies have shown that we learn to derive relations of this kind, but once learned human beings live in a radically different psychological world—as humanists have claimed right along.

Consider, for example, how human cognition alters the effect of the consequences of action. A person who has been criticized, attacked, or jailed because of their struggle for social justice may not react to painful consequences as a nonverbal animal might. The attacks might remind the person even more of the extent of injustice that exists; pain might create even more empathy regarding the suffering of the downtrodden; staying true to values may provide meaning and dignity to imprisonment; and so on. In other words, the effects of pain and struggle can be transformed by our psychological ability to formulate an if . . . then relation between actions and consequences, such as the possibility of a more just world.

The core ideas behind RFT have received empirical support in a rapidly growing literature encompassing well over 100 studies (for recent book length treatments see Hayes et al., 2001; McHugh & Stewart, in press; Rehfeldt & Barnes-Holmes, 2009; Torneke, 2010). Humanistic psychologists might rightly feel vindicated by such changes in the behavioral tradition but reaching this agreement through a slow step-by-step inductive research program means that behavioral allies do not come to the table empty handed. Behavioral psychology now has a greater understanding of experimentally based principles and processes that in turn can be used to examine some of the key questions of interest to humanistic psychologists.

The Contextual CBT Consensus: Open, Aware, and Engaged

In a recent review of the entire range of contextual CBT methods (Hayes, Villatte et al., 2011), we found three common threads in terms of methods and purposes. Almost all of them included methods to promote greater emotional and cognitive openness; to increase mindful awareness of the present moment; and to promote more meaningful or values-based behavioral engagement. The ACT wing has a name for this collection: psychological flexibility. Inflexibility seems to be becoming a de facto consensus model of psychopathology and a target for treatment in contextual CBT, while the promotion of greater flexibility is a key target of interventions.

ACT has been particularly focused on explicating this model in detail (e.g., Hayes, Strosahl, & Wilson, 2011). Due to key features of human language and cognition, people easily become entangled in their own thoughts and avoidant of their own emotions, memories, and sensations. People who are struggling begin to construct their lives as if they are problems to be solved. As that occurs attention stays rigidly focused on the past (detecting sources of information about where the problems came from) and the future (examining whether the problem will go away) rather than the present moment. People begin to buy into stories about who they are or need to be and events that fail to fit the story become even more threatening. The capacity for choosing and acting on values seems distant, and a passive or reactive behavioral stance is adopted.

Therapeutically, each of these processes can be turned around to foster human growth. In the place of entanglement people can learn to view their own thoughts merely as an unfolding process of sense making that can be used or not, whether or not they are “believed.” In the place of avoidance people can adopt a posture of genuine curiosity about the rise and fall of their own emotions,

memories, and sensations—learning to accept their presence almost as one accepts a gift. People can learn to bring mindfulness into the present moment and to allocate attention to events based on what is worthwhile and useful, rather than what is merely habitual. Instead of defending a conceptual story about themselves, psychological flexibility is enhanced by fostering contact with the “I/here/now”-ness of awareness—looking “from” consciousness, not at consciousness. This provides a more spiritual or transcendent sense of consciousness in which the many disparate aspects of personality and history can be integrated in consciousness itself. Values are embraced as choices regarding the consequences of importance for ongoing patterns of action, establishing positive and meaningful qualities that are intrinsic to the action itself. Finally, the ability to respond is linked to these values, and the challenge of growth is engaged as a matter of building larger and larger patterns of committed action linked to chosen values.

There is a remarkable resonance between this perspective and that of modern forms of humanistic psychology (e.g., Schneider, 2008). ACT and the rest of the contextual CBT methods did not adopt these ideas wholesale from humanistic psychology—they walked a distinct path of intellectual development. But they have arrived at a similar place in certain key areas and as a result, a deep and richly interconnected discussion about the human condition can now occur between these traditions. Being able to have a meaningful and mutually beneficial conversation of the kind represented in this article is a marker of realignment within clinical psychology itself.

Spirituality and the Therapeutic Relationship

Lofty rhetoric of that kind (although true in my opinion) risks setting the bar so high that anything said in a short piece such as this will be entirely deflating. My approach will be to give two examples, with just enough links to the literature that interested readers can see for themselves. Other topics, such as self-acceptance or values, would be equally useful but space precludes their exploration (but see Hayes et al., 2001). My theme is this: concrete clinical steps can now be taken that reflect the core beliefs of *both* humanistic and behavioral psychologists, and that are based on a solid set of experimentally derived processes that can also be used to create a more progressive empirical approach to humanistic topics.

Spirituality and Transcendence

The first article ever written on ACT and RFT was entitled “Making Sense of Spirituality” (Hayes, 1984). RFT researchers (see McHugh & Stewart, 2012, for a book length review) now understand some of the cognitive processes that distinguish “self” in the sense of a narrative conceptualization and a transcendent sense of “self.” By learning deictic verbal relations such as I/you, here/now, and now/then, children acquire a sense of looking from awareness—the “I/here/now” quality of consciousness. There is a growing body of empirical work showing that deictic relations underlie perspective taking in development (e.g., McHugh, Barnes-Holmes, Barnes-Holmes, Whelan, & Stewart, 2007), and that training in deictic relations improves perspective taking and Theory of Mind performance (e.g., Weil, Hayes, & Capurro, in press). There is an ineffable quality of this aspect of self because

once established in young childhood, its edges or limits can never be consciously known, providing a sense of expansiveness or transcendence to consciousness. Rather than a thing with known characteristics, this sense of an “inner witness” or “observing self” serves as a context for verbal knowing itself.

A transcendent sense of self is critical in therapy because unlike the conceptualized self (the object-like, evaluated self), it is a sense of self that cannot be threatened by the content of experience. Humanistic psychologists have long used methods designed to foster contact with this sense of self (e.g., Assagioli, 1965) in part for that reason. In addition, this is the aspect of consciousness that helps relationships to occur because it is the scaffolding of perspective taking. Indeed, RFT researchers have found that without deictic skills, people do not enjoy being with each other (Vilardaga, Estévez, Levin, & Hayes, in press). The transpersonal quality of consciousness emerges because deictic cognitive relations map out the perspective taking implications of time, place, and person: “I begin to experience myself as a conscious human being at the precise point at which I begin to experience you as a conscious human being. I see from a perspective because I see you see from a perspective. Consciousness is shared Consciousness expands across time, place, and person. In a deep sense, consciousness itself contains the psychological quality that *we* are conscious. Timelessly. Everywhere.” (Hayes, Strosahl, & Wilson, 2011, p. 90, emphasis added).

What does understanding the behavioral processes involved add to existing humanistic ideas clinically speaking? It increases the ability to assess, understand, measure, and change these processes in flight. While formal measures are available (see McHugh & Stewart, 2012) the ease with which a person can shift perspective across time, place, or person can be used as an in-session marker for this key aspect of awareness. Understanding the processes that underlie transcendence helps make sense of why integrating aspects of one’s personality can be fostered by encouraging perspective-taking in therapy. It is easy to work frequent shifts of perspectives into clinical work (e.g., “what do you think I might be feeling as I hear you say that?” or “If you were your father, what would you say to yourself?”). ACT therapists do such things as have clients write themselves letters from a distant and wiser future; or visit themselves as small children in painful times and have a dialogue with themselves. In a similar way, understanding that this sense of self is harder to contact when the conceptualized self is dominant is a reason ACT therapists try to undermine the constancy of literal language through such mindfulness methods as learning to watch thoughts float by as one might watch leaves on a stream.

In other words, in principle, a process-focused understanding allows clinicians to be evidence-based in another way than merely applying manualized therapies linked to syndromes, namely detecting and changing evidence-based processes that are applicable to the case. This is possible without any sense of “painting by numbers” in therapy. The common objection to experimental science is that it ignores the spontaneous, intuitive, or ineffable elements are central to clinical work. That is much less likely when experimentally validated clinical processes can be used to support sensitivity to the client and to oneself and thus to maximizing the likelihood of experiential learning. For example, there is perhaps more evidence on the importance of experiential avoidance than any other ACT process (Chawla & Ostafin, 2007)—and yet when

clinicians learn to see experiential avoidance in flight in their clients and in themselves, they are better positioned to take clinical steps, whether they are called “techniques” or not, that will foster personal growth. The second area we will address is another example of that same approach.

The Therapeutic Relationship

There is a vast literature showing that the therapeutic relationship is related to the success of psychotherapy (e.g., Horvath, Del Re, Fluckiger, & Symonds, 2011; Wampold, 2001). However, appreciating its importance and doing something about it are two different things. Many humanistic authors, including some in the present conversation, claim that “technique” accounts for little of the outcome of psychotherapy, while the relationship and therapist variables account for much more. Some have tried to argue for a humanistic focus on that basis (Horvath et al., 2011; Wampold, 2007), essentially tying the very future of this important tradition to correlation findings about processes of change and a somewhat controversial strategy of meta-analysis. That is not wise.

The vast majority of therapists hearing about data on the importance of the therapeutic relationship secretly believe this means they themselves are effective, since they care about the therapeutic relationship and they care about their clients. Unfortunately, that is impossible. We do not live in a therapeutic Lake Woebegone. Relationship factors work in explaining outcomes only because half of the therapists are below average—presumably unwittingly. Clinicians probably also believe that these findings mean if they focus even more on the relationship they will be more effective. That is not necessarily so. Therapists could easily do things driven by that urgency or belief that could be artificial, or excessively rule based. For example, a clinician might be less directive in a moment that calls for it, on the grounds that this might harm the therapeutic relationship or might “coach to the test” by artificially encouraging client agreement with features of the alliance (e.g., learning that “I believe that ___likes me” is a client item in the Working Alliance Inventory a therapist might parrot “I like you” to clients). This is a restatement of the classic concern of humanistic psychology regarding ways in which scientific rules might overwhelm sensitivity to the person and the moment. The only way to prove it is not happening is experimental evidence, not the kind of correlational evidence classically promoted by common factor theorists.

A behavioral perspective grounded in functional contextualism provides a different and more practical starting point for this issue. What skills or processes account for such relationships and can they be trained so as to produce better outcomes?

That approach takes these important factors out of the bin of “nonspecific factors” and instead makes them a target for treatment development and evaluation. “Techniques” do not include merely procedures for clients, but also procedures for therapists and their training (cf., Hilsenroth, Cromer & Ackerman, 2012). If therapists can be shown *how* to develop powerful and effective therapeutic alliances, for example, any benefits that result are now specific effects, not effects from a “common factor.”

In the ACT tradition, we have suggested that empowering relationships are psychologically flexible ones (see Hayes, Strosahl, & Wilson, 2011). That is, relationships are empowering when they are accepting, when they are not about who is right and who is wrong but rather when different ideas can be explored, when

they are flexibly attentive in the now, when they have a quality of mutual consciousness and an ability to take the perspective of the other, when they are values based, and conditionally active. These are merely restatements of psychological flexibility characteristics as they apply to therapeutic relationships. Stated in simpler fashion, the therapeutic relationship is powerful if it is open, aware, and engaged. If this is correct, it provides important targets for all therapists interested in establishing empowering relationships with their clients because there are specific methods available that are known through *experimentation* (not mere correlations) to foster openness, awareness, and active values-based engagement.

A recent study (Gifford et al., 2011) found that the working alliance mediated outcomes, but when the working alliance and clients' changes in psychological flexibility were entered in a multiple mediator model, only psychological flexibility remained as a mediator—the working alliance was no longer significant. This does not mean the working alliance is not important—rather it suggests that powerful therapeutic relationships are important in part because they instigate, model, and support greater psychological flexibility. That would be important to the field and to humanistic psychology if true, and would provide a model for a more empirically responsible and perhaps more effective way to work through the implications of the therapeutic relationship for clinical intervention.

Humanism and Traditional Experimental Science

The rise of interest in humanistic approaches and the embrace of humanistic topics by the behavioral and cognitive therapies challenge humanistic psychology to make a very difficult choice. Historically, there was no way to keep a firm grasp on humanistic issues without backing away to a degree from traditional experimental psychological science, even the more contextualistic varieties. A vast set of explanations arose within the humanistic tradition over this skepticism: Human science is different than physical science; Qualitative research is just as important as quantitative research; Experiments analyzed collectively override the personal history of individuals; and so on through a long list. Many of these issues are important outside of humanism per se (the behavioral tradition even agrees with some of them) and by no means do I want merely to brush them all aside. But taken as a whole they have backed humanistic psychology into a bit of a disciplinary cul de sac and a needlessly distant relationship with traditional experimental psychological science.

The cost has been high, from the limited participation of humanistic psychology in the evidence-based practice movement, to the absence of grant funds to foster treatment development, to the resistance in hiring humanistic faculty in high quality research-oriented Universities. But, perhaps, the highest cost is to progressivity. Systematic experimental evidence allows mistaken ideas to be abandoned and new ideas to take hold for reasons other than mere persuasion or the charisma of advocates. Humanistic psychology has had a hard time abandoning ideas, or providing evidence that current ideas are any better than older ones. When I've asked my humanistic colleagues to give several examples of once strongly believed and now abandoned ideas within their tradition, they cannot. Conversely, in the history of science, virtually all theories are ultimately shown to be wrong at least to a

degree, given only enough time and evidence. That is why science is progressive in a way that art can never be.

Although I understand that it will be easy to dismiss or deny these points, and that it would be painful to back away from long standing objections, growth itself suggests a different stance. Just as a vital life means letting go of past conceptions when they are no longer useful and taking advantage of new opportunities and new relationships, in the same way, the vitality of humanistic ideas can be advanced by actively exploring the realignment with the behavioral and cognitive therapies that is already occurring, and learning to use the basic and applied experimental methods they have championed. It seems increasingly possible to use experimental psychological science to explore the processes that underlie humanistic topics, and perhaps without distorting fundamental humanistic sensitivities. For the good of those we serve, it would be a shame not to do so.

References

- Assagioli, R. (1965). *Psychoanalysis*. New York: The Viking Press.
- Chawla, N., & Ostafin, B. D. (2007). Experiential avoidance as a functional dimensional approach to psychopathology: An empirical review. *Journal of Clinical Psychology, 63*, 871–890. doi:10.1002/jclp.20400
- Day, W. F. (1969). Radical behaviorism in reconciliation with phenomenology. *Journal of the Experimental Analysis of Behavior, 12*, 315–328. doi:10.1901/jeab.1969.12-315
- Dougher, M. J., Hamilton, D. A., Fink, B., & Harrington, J. (2007). Transformation of the discriminative and eliciting functions of generalized relational stimuli. *Journal of the Experimental Analysis of Behavior, 88*, 179–197. doi:10.1901/jeab.2007.45-05
- Gifford, E. V., Kohlenberg, B., Hayes, S. C., Pierson, H., Piasecki, M., Antonuccio, D., & Palm, K. (2011). Does acceptance and relationship focused behavior therapy contribute to bupropion outcomes? A randomized controlled trial of FAP and ACT for smoking cessation. *Behavior Therapy, 42*, 700–715. doi:10.1016/j.beth.2011.03.002
- Hayes, S. C., Barnes-Holmes, D., & Roche, B. (2001). *Relational Frame Theory: A Post-Skinnerian account of human language and cognition*. New York: Plenum Press.
- Hayes, S. C., Hayes, L. J., Reese, H. W., & Sarbin, T. R. (Eds.). (1993). *Varieties of scientific contextualism*. Oakland, CA: Context Press/New Harbinger.
- Hayes, S. C., Hayes, L. J., & Reese, H. W. (1988). Finding the philosophical core: A review of Stephen C. Pepper's "World Hypotheses." *Journal of the Experimental Analysis of Behavior, 50*, 97–111. doi: 10.1901/jeab.1988.50-97
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The process and practice of mindful change* (2nd ed.). New York: Guilford Press.
- Hayes, S. C., Villatte, M., Levin, M., & Hildebrandt, M. (2011). Open, aware, and active: Contextual approaches as an emerging trend in the behavioral and cognitive therapies. *Annual Review of Clinical Psychology, 7*, 141–168. doi:10.1146/annurev-clinpsy-032210-104449
- Hayes, S. C. (1984). Making sense of spirituality. *Behaviorism, 12*, 99–110.
- Hayes, S. C. (1993). Analytic goals and the varieties of scientific contextualism. In S. C. Hayes, L. J. Hayes, H. W. Reese, & T. R. Sarbin (Eds.), *Varieties of scientific contextualism* (pp. 11–27). Reno, NV: Context Press.
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavior therapy. *Behavior Therapy, 35*, 639–665. doi:10.1016/S0005-7894(04)80013-3
- Hilsenroth, M. J., Cromer, T., & Ackerman, S. (2012). How to make practical use of therapeutic alliance research in your clinical work. In

- Levy, R. A., Ablon, J. S., & Kaechele, H (Eds.). *Evidence-based practice and practice-based evidence: Psychodynamic psychotherapy in process*. (pp. 361–380) New York: Springer Press.
- Horvath, A. O., Del Re, A. C., Fluckiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*, 9–16. doi: 10.1037/a0022186
- Knapp, T. J. (1986). Ralph Franklin Hefferline: The Gestalt therapist among the Skinnerians or the Skinnerian among the Gestalt therapists? *Journal of the History of the Behavioral Sciences, 22*, 49–60. doi: 10.1002/1520-6696(198601)22:1<49::AID-JHBS2300220106>3.0.CO;2-K
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Maslow, A. H. (1966). *The psychology of science: A reconnaissance*. New York: Harper & Row.
- McHugh, L., Barnes-Holmes, Y., Barnes-Holmes, D., Whelan, R., & Stewart, I. (2007). Knowing me, knowing you: Deictic complexity in false-belief understanding. *The Psychological Record, 57*, 533–542.
- McHugh, L. Stewart, I. (2012). *Self and perspective-taking: Contributions and applications from modern behavioral science*. Oakland, CA: Context Press.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- Pepper, S. C. (1942). *World hypotheses: A study in evidence*. Berkeley, CA: University of California Press.
- Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality*. New York: Julian Press.
- Rehfeldt, R. A., & Barnes-Holmes, Y. (Eds.) (2009). *Derived relational responding*. Oakland, CA: New Harbinger.
- Schneider, K. J. (2008). *Existential-integrative psychotherapy: Guideposts to the core of practice*. New York: Routledge.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford.
- Shepard, M. (1975). *Fritz*. New York: Saturday Review Press.
- Skinner, B. F. (1945). The operational analysis of psychological terms. *Psychological Review, 52*, 270–277. doi:10.1037/h0062535
- Skinner, B. F. (1953). *Science and human behavior*. New York: The Free Press.
- Torneke, N. (2010). *Learning RFT*. Oakland, CA: New Harbinger.
- Vilardaga, R., Estévez, A., Levin, M. E., & Hayes, S. C. (in press). Deictic relational responding, empathy and experiential avoidance as predictors of social anhedonia: Further contributions from relational frame theory. *The Psychological Record*.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum.
- Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist, 62*, 857–873. doi:10.1037/0003-066X.62.8.857
- Weil, T. M., Hayes, S. C., & Capurro, P. (in press). Establishing a deictic relational repertoire in young children. *The Psychological Record*.

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