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PSYCHOTHERAPY PRACTICE

“What Are You Not Willing to Pay Attention to?”
Meaning in Life & ACT

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One of the monastery’s old monks had become a hermit living deep in the mountains, a two-and-a-half day hike over difficult mountain paths.

Many visitors made the trek to receive advice and teachings from the old man. He was reputed to have an uncanny ability to know just what each visitor needed. Prior to giving instruction, the hermit asked that the visitor promise not to tell anyone what advice or instruction he or she had received.

After the promise was made the hermit would simply say, “What are you not willing to pay attention to?” This was the only thing he would ever say to anyone seeking his help.

Many visitors were first perplexed by this question. But by the time they had walked the two-and-a-half day trek out of the mountains, they invariably would praise the hermit for giving them just the instruction they needed to hear.

(Fronsdal, 2010, p. 34)

Many of us may prefer to seek out a good psychotherapist rather than travel 2.5 days across unchartered terrain in search of illumination. After all, the science and practice of psychotherapy are fundamentally and historically rooted in philosophical questions about the nature of human existence and the causes of suffering (Consoli, Beutler, & Bongar, 2017; Orlinsky, 2017). Existential-Humanistic (E-H) therapies stand in the center of this inquiry with questions about how humans manage to “keep calm and carry on” as we navigate within the four “tragic dimensions of human existence,” namely freedom, death, isolation, and meaningfulness (Längle, 2004, p. 31; Yalom, 1980).

In E-H therapies, the key to surviving or even thriving in the face of life’s difficulties is in our ability to create meaning (Krug, 2017). We are constantly composing a narrative about ourselves and the world. We craft it from the dialectic between our inner experience and objective reality (May, 1975). As humans we are gifted with the ability to be conscious of our constructions (May, Angel, & Ellenberger, 1958), but with the grace of awareness comes the groundlessness of freedom, a fear of death, a deep sense of loneliness, and the full weight of our responsibility to create “possibility against the background of reality,” to use Frankl’s phrase (as cited in Längle, 2004, p. 35).

To be human means to live in a perfect paradox because our ability to create meaning is the same ability that exacerbates suffering. The Buddha refers to this as the “second arrow” (Teasdale & Chaskalson/Kulahnda, 2011), which is the suffering associated with trying to avoid the initial pain. Our preoccupa-

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tion with the second arrow creates a barrier between us and the sense of well-being that emerges when one lives authentically. For example, something terrible happens. Perhaps it’s trauma, loss, grief, betrayal, or harm, and we struggle with acceptance. Hence, we engage in what Acceptance and Commitment Therapy (ACT) theorists call “experiential avoidance,” which is “the attempt to change the form, frequency, or situational sensitivity of experiences even when doing so causes life harm” (Hayes & Lillis, 2012, p. 51). A quotation often attributed to Winston Churchill goes something like, “When you’re going through hell, keep going”—but we don’t want the experience of moving through it.

Such avoidance is accomplished by committing oneself to an existential polarity: a) overconsumption of subjectively captivating experiences (e.g., hours on Facebook) or b) overreliance on objectifying commandments for self-reliance (e.g., “Don’t talk. Don’t trust. Don’t feel”) (Black, 2002, pp. 33-54; Krug, 2017). ACT and E-H therapies share a similar aim, which is “to help clients, through experiential reflection, understand how they miss a fuller life by constricting their living” (Krug, 2017, p. 91). E-H therapists invite us to consider “each situation that places a question before [us], an attitude of openness represents the existential access to meaning in life” (Längle, 2004, p. 35). If this attitude requires us to create “a harmony between inner experience and outer action,” then avoidance of inner experience and disengagement from valued action will lead us toward disharmony, a disconnection from ourselves, a reduced capacity to construct meaning in life (MIL), then finally, if we have the resources, either a two-and-a-half-day trek or psychotherapy.

The purpose of this article is to propose a relationship between experiential avoidance and MIL and to offer hypotheses about how ACT may be used to increase MIL. First, I will provide a definition of MIL and describe its psychological correlates. Second, I will pose a question about the relationship between experiential avoidance and MIL. Third, I will outline the principles of ACT and describe how they may be used to increase MIL.

According to Heintzelman and King (2014, p. 562) definitions of MIL share three elements. A meaningful life is: a) “one that has a sense of purpose,” b) “one that matters or possesses significance” and c) one that “makes sense to the person living it, it is comprehensible, and it is characterized by regularity, predictability, or reliable connections.” I prefer the definition offered by Clara E. Hill and colleagues (Baumann et al., 2016; C. E. Hill, in press) because it also includes the phenomenological experience of meaning, what they call a felt sense. Hill and colleagues define MIL as “an intuitive sense of meaning, which may be partially manifested in a felt sense of meaning, the feeling that one matters and is significant, one has purpose or goals, or one’s life is coherent and makes sense.” These authors added a new feature to MIL by including the concept of reflectivity or reflecting on MIL. This is not equivalent to searching for meaning, which involves looking for meaning. Reflectivity involves contemplating meaning—sitting into it and struggling to understand existential concerns.

Across a variety of measures, the presence of MIL is positively correlated with subjective well-being, physical and mental health, longevity, and satisfaction with life, and negatively correlated with anxiety, depression, substance abuse and seeking therapy (Schnell, 2009; Steger, Frazier, Oishi, & Kaler, 2006). The

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presence of meaning is related to well-being across the lifespan (Steger, Oishi, & Kashdan, 2009). People who can find meaning in negative life events adapt better than those who do not (Davis, Wortman, Lehman, & Silver, 2000) and the experience of meaning is associated with increased positive mood (King, Hicks, Krull, & Del Gaiso, 2006; Reker & Wong, 1988).

Curiously, those assessed as "existentially indifferent" (low MIL with no crisis of meaning), report significantly lower levels of subjective well-being, but similar levels of anxiety and depression as people with higher levels of MIL. Such individuals are also low in self-knowledge, religiosity, spirituality, and generativity (Schnell, 2010). They would not travel 2.5 days to find their purpose. However, those experiencing a crisis in meaning would. Crises precipitate self-reflection and activate a search for meaning (Schnell, 2010). Optimal levels of distress are needed for psychotherapeutic change (Beutler & Clarkin, 1990), so while an existentially indifferent client might require an ACT therapist to invite them to dip into "creative hopelessness," clients in crisis are primed to make behavioral changes that are consistent with their values, once those values become clear.

ACT (Hayes, 2004) is part of the third wave of behavioral and cognitive therapies and is grounded in "functional contextualism" (Hayes, 1993), the essence of which is viewing people and their problems in the context of an infinite number of contingencies that have developed over time—not only over the life course of individual humans, but also of the environment in which they live. These environmental factors impinge on the person whose behavior also affects the context. The opportunity to intervene lies anywhere within this array. Hence ACT therapists might help a client alter disordered eating practices not by targeting the eating behavior per se, but instead by helping the client learn to "be a mindful observer rather than a reactor," "approach difficult situations with acceptance," and choose behaviors consistent with their values (Heffner & Eifert, 2004, pp. 62-128) over more restrictive behaviors. Though ACT researchers have been criticized for overselling its effectiveness (ODonohue, Snipes, & Soto, 2016), ACT has a hearty empirical foundation (Gregg & Hayes, 2016) and a positive reputation among practitioners.

ACT is grounded in Relational Frame Theory (RFT), which essentially purports that the human capacity to associate words with experiences and to integrate those associations into broader relational frames "increases the reach of aversive events" (Hayes, 2004, p. 12). For example, a college student who has a panic attack in a final exam thinks, "I can’t handle the stress. I’m incompetent," and generalizes this to even enjoyably challenging moments in an effort to protect herself from failure. According to ACT, psychopathology results from overreliance on these relational frameworks, which leads to psychological inflexibility driven by cognitive fusion (my thoughts are facts) and experiential avoidance (Hayes, 2004). Our lives get increasingly narrow as we aim to avoid suffering and alleviate pain with our second arrows.

The primary goal of ACT is to help clients "develop a rich, full, and meaningful life while accepting the pain that inevitably goes with it" (Harris, 2009, p. 7). The essence of this outcome is psychological flexibility, which is the ability to experience thoughts, feelings, sensations, and memories without needless defense; as they are, not as what they say they are; continued on page 13
and (based on what the situation affords) to persist or change in behavior in the service of chosen values. (Hayes & Lillis, 2012, p. 6)

The quicksand of cognitive fusion and experiential avoidance are preoccupying and immobilizing. The irony of ACT is that the very thing that makes it innovative is the most difficult part to implement as a therapist. The way out of the quicksand is not to help the client recommit to the struggle by trying to fix the problem (e.g., asking the college student to rate the believability of her thoughts and to restructure them to be more true), but instead to foster change in the context in which the suffering is occurring by helping the client engage the six core processes of ACT: a) contacting the present moment through mindfulness, b) defusing from thoughts by stepping back and watching one’s thinking, c) shifting to acceptance by opening up to experience, d) seeing self-as-context by expanding one’s awareness and using one’s observing self, e) identifying values by “knowing what matters,” and f) “doing what it takes” (Harris, 2009, pp. 9-11).

This gives rise to a series of deeply existential questions: What is the impact of cognitive fusion and experiential avoidance on MIL? How do we cultivate meaning if we are caught up in the subjective polarity of experiential avoidance or the objective polarity of cognitive fusion (Hayes & Lillis, 2012; Krug, 2017)? How do we free the parts of ourselves that want to become conscious from the “protective life stance that keeps those parts from consciousness?” (Krug, 2017, p. 103).

In many ways ACT is an E-H therapy. ACT therapists invite clients to identify and enact their values (Wilson & Murrell, 2004). They use the human need for meaning as motivation and help clients cultivate “the feelings that one matters and is significant, one has purpose or goals, or one’s life is coherent and makes sense,” resulting in a felt sense of meaning. ACT therapists invite clients to reflect on meaning. For example, one ACT intervention consists of asking clients what they would do if they had only one year, one month, one week, one day, and then one minute left to live (D. Hill, 2016). This exercise brings existential questions about MIL right to the forefront of therapy. Do we want our life’s purpose to be fusing with the thought, “If I just write one more article, everything will be fine,” and binging on Netflix or do we want to cultivate meaning by fulfilling our destinies?

Both ACT and E-H therapies recognize that we are stuck in the human condition. There is “no way out.” It’s not possible to “MacGyver” our way out of the groundlessness of freedom, the temporary nature of existence, feelings of helpless isolation, or the absurdity of meaninglessness (Längle, 2004). We can only notice when we are caught up in thoughts or avoiding emotions, name our experiences to ourselves and describe them to others, let go of thoughts generated by our “busy minds” that aim to help us by latching on to mental routines, soften the critical narratives by loosening our perspective and offering self-compassion (Neff, 2003), and expand our vision to include valued and committed action in support of crafting a richer more meaningful life (Strohsal, Robinson, & Gustavsson, 2015).

In closing I’d like to ask, “What are you not willing to pay attention to?” How does avoidance bind up your energy and diminish meaningfulness in your life? Attention is one of our greatest assets. What is your best investment as a human being? Would you take the 2.5 day trek? How about taking 2.5 minutes to ponder this question?

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\(^{1}\) Special thanks to Dr. Marjorie Schuman for sharing this quote with me.