Building Towers in Babel: Spreading and sharing knowledge, translating manuals and self-help books

M. Villatte, JL Monestès, & G. Presti

ACT-RFT in English speaking countries

- ACBS web site
- ACT Therapists = 546
- Training = 27 ACT trainers; workshops in US, UK, Australia, NZ.
- Books = over 30 in English (general, specific populations, self-help)
- Papers = over 700 in English (directly on or related to ACT-RFT)
- ACT-RFT labs = 25

What about non-English speaking countries?

- Therapists: 145 (21% of the ACT therapists)
- ACT Therapists
- Europe = 131
- Asia = 6
- America = 8

What about non-English speaking countries?

- Trainers: 7 (20.6% of the ACT trainers)

What about non-English speaking countries?

- Workshops
- Workshops (all non-English regrouped)
What about non-English speaking countries?

Books: 29

ACT books

France

What about non-English speaking countries?

Papers: 56

ACT-RFT Papers and chapters

France

The example of France and Italy

France

Cultural and scientific context

A long history of psycho-analysis

The large majority of therapists are psycho-analysts.

The large majority of clinical researchers are psycho-analysts.

Which means: reluctance to evidence based therapies (CBT & ABA) and evaluation in general.

A kind of reluctance to everything that comes from anglo-saxon countries (especially from usa)

Viewed as too pragmatic, reductionistic and as not humanistic.

Viewed as a threat to psycho-analysis.

The example of France and Italy

France

Cultural and scientific context

Poor competences in English

English books not available in bookstores

English books not translated to French are read by a (very) small minority of therapists

Therapists rarely attend to workshops and lectures in English

Conclusion: If it’s not in French it doesn’t exist!

The example of France and Italy

France

So how did ACT-RFT make it in France?

From behavior analysis:

Interest of some researchers for a behavior analytic account of language and cognition (e.g. An account of Theory of Mind in terms of deictic relational responding)

Interest of some clinicians for a behavior analytic approach to psychotherapy (alternative to CBT based on cognitivism)

From CBT:

Interest of clinicians trained in MBCT/MBSR

What about non-English speaking countries?

Cumulative book publications (all non-English regrouped)

Number of books published

2001 2002 2003 2004 2005 2006 2007 2008 2009
Our approach to address this issue:

So far, the large majority of French behaviorists have ignored or rejected RFT. Too similar to cognitivism, not schimerian enough.

Most French cognitivists ignore or reject behavior analysis in general. So if RFT is behavior analysis, it must be all about "conditioning" and probably not worthy.

Some issues encountered when spreading ACT-RFT in France

RFT is too behaviorist for cognitivists and too cognitivist for behaviorists?
- So far, the large majority of French behaviorists have ignored or rejected RFT.
- At the time when the community of French therapists starts to understand the utility of adopting a scientific approach to help clients, ACT (often presented as "not changing symptoms", « experiential », etc.) might be viewed as a backward step.

ACT doesn't change the symptom? ACT is not as scientific as CBT?
- Our approach to address this issue:
  - ACT changes symptoms. But in ACT, symptoms are not emotions, thoughts and sensations. They are the loss of psychological flexibility and the inadequacy between values and actions.
  - Translation and validation of the AAQII to assess efficiency of therapy.
  - In workshops: always explaining the function of experiential exercises, how it can be used in clinical settings and how it is supported by theory and scientific data.

Spreading RFT as well as ACT.

- Spreading RFT through ACT workshops (in which most participants are not behavior analysts)
- Publishing in behaviorist and in cognitivist journals
- Talking in behaviorist and in cognitivist congresses
- Translating the RFT book (be prepared to hear from French that it was them who actually discovered RFT?)

Italy: the cultural clinical environment

- Predominantly psychodinamic (both in clinical psychology and in psychiatry)
- CBT credited but not the mainstream

A good tradition in Behavior Analysis and Modification but... lost in the 90's
IESCUM was established as the Italian chapter of ABAI and EABA in 2003 to avoid losing a longstanding tradition of BA in Italy. IESCUM supported the constitution of the association ACT-Italia, to foster basic and clinical research in the area. The trojan horse to mainstream is the deep empathic root of ACT (workshops are changing the way many clinics are looking at ACT and BA).

**ACTivation**

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**ACTivities**

- ACT Italian chapter
  - Members: 20
  - President: Giovanni Miselli
- Research groups
  - IULM University Milan
  - Department of Psychiatry, Neurobiology, Pharmacology and Biotechnologies
- In joint collaboration IESCUM (the Italian chapter of ABAI and EABA) and ASCCO (a behavioral oriented association which coordinates 6 Italian post-doc clinical schools) organizes:
  - Workshops
  - Classes on ACT and RFT in various Italian post-doc clinical schools (in the past year: Milan, Parma, Rome, Pescara, Turin, Rimini, Padua)

**Research**

- IULM, Milan
  - Translation and validation of main scales (AAQII, VLQ, BAAQ,...)
  - Pilot research projects on
    - Families of children with autism
    - ABA consultants with families of children with autism
    - Training of employers in public and private companies
    - Obesity and eating disorders
    - Smoke
    - Pain
    - Clinic with adults
    - Adolescents (prevention)
    - RFT in programmes for autistic children

- University of Pisa, Department of Psychiatry, Neurobiology, Pharmacology and Biotechnologies
  - Experiential avoidance
    - Oncologic patients
    - Anxiety sensitivity and alexithymia
    - Psychological distress
    - Social fear
    - Coping strategies

**Publication**

- ACT-Italia is working on
  - An original manual on ACT (to be published in autumn)
  - A translation of Get Out

**Functional translation of “Get Out”**

- Every translation (novel, manual, etc.) has two function
  - A “face value” ($C_{rel}$)
  - A “talk-to-change” value ($C_{func}$)
- A pyramidal group of work
Functional translation of “Get Out”:
The people

Independently working

Final functional revision (7 people)
Function revision (7 people)
Face translation (8 people)

Functional translation of “Get Out”:
The process

Chapters to translators

Dictionary Glossary of behavioral terms

Formal revision

Functional revision

Language amendments

Final revision

Publishing

Field testing

Some kind of awkward problems in functional translation and speaking

- How am I going to address the reader/client?
  - tu/egli???? (respectful you vs he)
  - Impersonal vs personal

Translation in workshops

- Functional translation with invited speakers
- Avoiding the language trap (hear the translator/escape the process)
- How it worked to functionally translate “in the present moment

Proposals?????

- Kind of international coordination that …????
- Studies on language differences?
  - Basic
  - Clinical
- Kind of developing common methodologies to address common problems…?
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