

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

M. Villatte, JL Monestès, & G. Presti

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ACT-RFT in English speaking countries

➤ ACBS web site



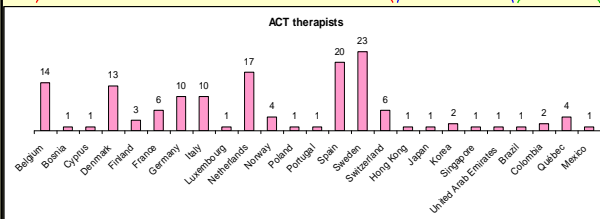
- ACT Therapists = 546
- Training = 27 ACT trainers; workshops in US, UK, Australia, NZ.
- Books = over 30 in English (general, specific populations, self-help)
- Papers = over 700 in English (directly on or related to ACT-RFT)
- ACT-RFT labs = 25

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What about non-English speaking countries?

○ Therapists: 145 (21% of the ACT therapists)

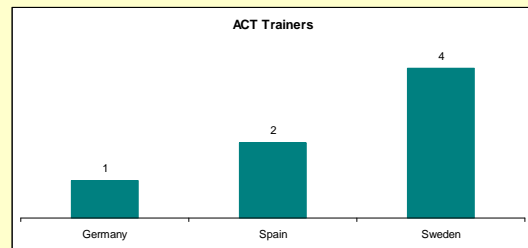
Europe = 131 Asia = 6 America = 8



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What about non-English speaking countries?

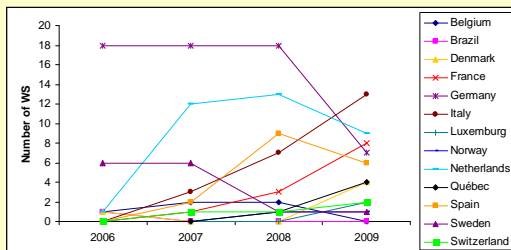
○ Trainers: 7 (20.6% of the ACT trainers)



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What about non-English speaking countries?

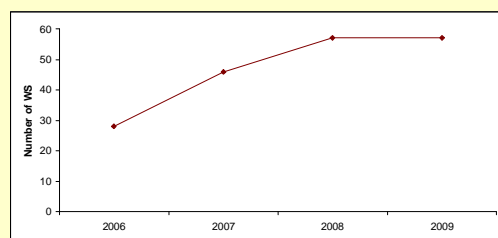
○ Workshops



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What about non-English speaking countries?

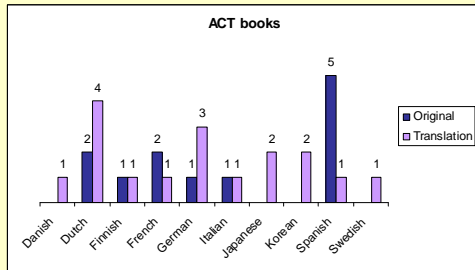
○ Workshops (all non-English regrouped)



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● What about non-English speaking countries?

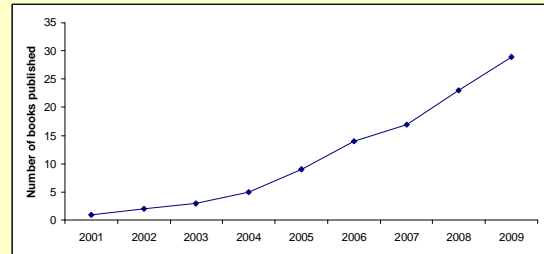
○ Books: 29



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● What about non-English speaking countries?

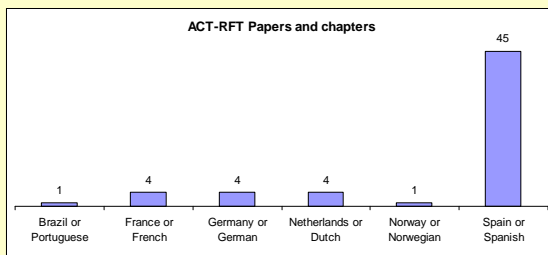
○ Cumulative book publications (all non-English regrouped)



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● What about non-English speaking countries?

○ Papers: 56



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● 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.

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● The example of France and Italy

● France

➢ Cultural and scientific context

○ Poor competencies 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!

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● 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

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● The example of France and Italy

● **France**

➢ So how did ACT-RFT make it in France?

○ Some issues encountered when spreading ACT-RFT in France

- ACT doesn't change the symptom? ACT is not as scientific as CBT?
 - 2004: Polemic around a report by the health national institute (INSERM) aiming at evaluating the efficacy of different kinds of psychotherapy. CBT was shown to be efficient whereas psychoanalysis was not.
 - 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.

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● The example of France and Italy

● **France**

➢ So how did ACT-RFT make it in France?

○ Some issues encountered when spreading ACT-RFT in France

- 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.

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● The example of France and Italy

● **France**

➢ So how did ACT-RFT make it in France?

○ 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: Too similar to cognitivism, not skinnerian 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.

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● The example of France and Italy

● **France**

➢ So how did ACT-RFT make it in France?

○ Some issues encountered when spreading ACT-RFT in France

- RFT is too behaviorist for cognitivists and too cognitivist for behaviorists?
 - Our approach to address this issue:
 - 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!)

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● The example of France and Italy

● **France**

➢ So how did ACT-RFT make it in France?

○ **And now?**

- 12 Workshops conducted in 2 years (all across the country)
- ACT courses (3-6 hours) in at least 6 different professional formations
- One RFT course in University (Lille)
- 2 original books (general purpose, self-help book), 1 original clinician guide coming, several translations coming (The Happiness trap -Québec-, the RFT book, GOOYMAIYL?)
- A web magazine in French (www.LemagazineACT.fr)
- An ACBS Chapter coming (France or French speaking)

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Italy: the cultural clinical environment

- Predominantly psychodynamic (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

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ACTivation

- 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)

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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)

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Research

- IULM, Milan
 - Translation and validation of main scales (AAQII, VLQ, BIAAQ...)
 - 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

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Research

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

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Publication

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

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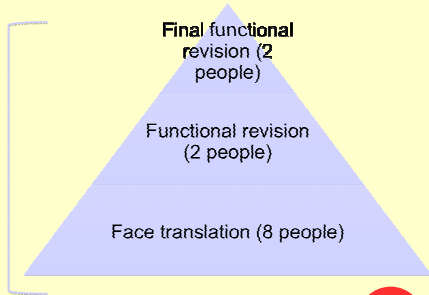
Functional translation of "Get Out"

- 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

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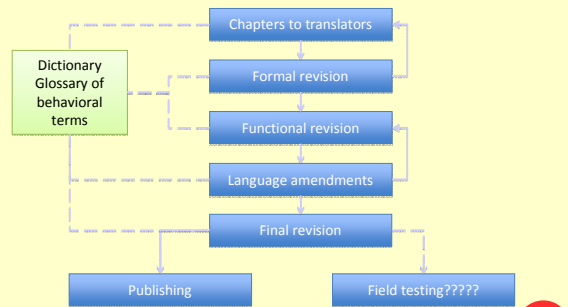
Functional translation of "Get Out": The people

Independently working



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Functional translation of "Get Out": The process



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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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