Reflecting on RFT and the Reticulating Strategy:

A Response to Villatte, Villatte, and Hayes

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In the current article we respond to the reply from Villatte, Villatte, and Hayes (in press) to our review (Barnes-Holmes, Kavanagh et al., in press) of their text, *Mastering the clinical conversation: Language as intervention* (MCC). We were certainly delighted that the authors chose to comment on our review and we warmly welcome the open dialogue in the context of peer-review.

RFT as a Basic Theory of Human Language and Cognition is a Work-in-Progress

First and foremost, we would like to express reassurance that the authors had reflected seriously at an early stage on "the tendency of published texts to be reified as canon even while their ideas stagnate and evidence and theory become outdated" (p. 2). Indeed, it is perhaps a little ironic that we too have, in numerous contexts, voiced concerns that RFT, as a basic theory of language and cognition, could be seen as stagnating.[1] This view was expressed quite forcefully in the RFT section of the *Handbook of contextual behavioral science* (Barnes-Holmes, Barnes-Holmes, Hussey, & Luciano, 2016).

Critically, we did not just lament the stagnation of RFT, we also provided an outline of an RFT approach to analyzing the dynamics of arbitrarily applicable relational responding, called the Multi-Dimensional Multi-Level (MDML) framework. The details of the MDML are beyond the scope of the current article, but in our view the framework could be a real game-changer for RFT. The MDML consists of 20 units of analysis that emerge from the intersections between five levels of relational development (i.e., mutual entailing, relational framing, relational networking, relating relations, and relating relational networks) and four dimensions (i.e., coherence, complexity, derivation, and flexibility), along which those levels may vary (see

[1] In their response, Villatte et al. (in press) point out that the number of RFT-based publications has been growing, citing examples and a recent review article by O'Connor, Farrell, Munnelly, and McHugh (2017). A growing number of publications does not, however, constitute genuine conceptual development, nor reflect the health of RFT. Consider, for example, that approximately one third of the published empirical RFT articles cited by O'Connor et al. were co-authored by a single individual. To compound matters, approximately one third of the empirical articles were focused on 'implicit cognition' (i.e., most were papers on the Implicit Relational Assessment Procedure, the IRAP). This relatively narrow focus, and heavy dependence on a single researcher, are in our view cause for concern, rather than celebration. Of course, we are not arguing that *no* progress has been made, simply that the progress seems relatively slow when the authorship and content of the papers are considered.

Barnes-Holmes, Barnes-Holmes, Luciano, & McEnteggart, in press, for a detailed treatment; Barnes-Holmes, Finn, & Barnes-Holmes, in press; Barnes-Holmes, McEnteggart, & Barnes-Holmes, in press; and see Harte, Barnes-Holmes, Barnes-Holmes, & McEnteggart, 2017, for an example of how the MDML is being used to interpret the results of recent empirical research). There are numerous reasons why we think the MDML offers a substantive conceptual development for RFT as a basic account of human language and cognition, and these include:

1. The relational frame is no longer considered to be *the* core unit of analysis; there are now 20 units.
2. The distinction within RFT between verbal and non-verbal behavior in verbally-able organisms is replaced by a focus on variation along the four dimensions of the MDML.
3. The interactions or dynamics among the analytic units in the MDML appear to facilitate discourse about human psychological suffering, that seems to connect readily with the psychological flexibility model without having to invoke new so-called middle-level terms for RFT. [2]
4. The MDML thus supports a bottom-up approach to reticulating RFT with ACT and psychotherapy generally.
5. The MDML seemingly facilitates the development of new models of arbitrarily applicable relational responding that can be tested in the laboratory, such as the Differential Arbitrarily Applicable Relational Responding Effects (DAARRE) model (see Barnes-Holmes, Finn et al., in press). Indeed, we anticipate that other such models will follow over the next two to three years.

[2] Indeed, the MDML appears to render the whole debate around middle-level versus technical terms redundant. Specifically, the precision of scientific terms is not dichotomous (i.e., middle-level versus technical), but is a matter of degree. For example, the first level of the MDML is mutually entailing, which is widely accepted as a technical term in RFT, but remains relatively imprecise until you specify a particular relation and only gains increasing precision as you specify the dimensions along which it can be measured. Precision is not, therefore, just a matter of debate or argument, but is defined, in part, through a particular experimental analysis.

If one considers these recent developments in the basic theory of RFT, both conceptually and empirically, MCC already could appear somewhat outdated in that it was based on a version of RFT that is now over 16 years old (Hayes, Barnes-Holmes, & Roche, 2001). Indeed, the limits of that volume were recognized by the authors of MCC, in that they too felt the need to propose new concepts in their book that did not appear in the 2001 treatise. It was in this sense, therefore, that we argued that MCC was premature. On the one hand, MCC has considerable value in terms of introducing clinicians to RFT and our original review was enthusiastic about this aspect of the work. On the other hand, we feel it is regrettable that a book-length treatment of a clinical application of RFT was published just before what could be a period of substantive conceptual development in the basic theory itself. In our view, therefore, an opportunity for MCC to explore these recent developments in RFT was missed. In making this argument, we are not suggesting that the MDML framework and the DAARRE model constitute *the* conceptual development in the basic science of RFT – they are merely examples from our own research group. Indeed, we are aware of other researchers who are also currently developing the basic science through on-going experimental analyses. Of course, applied researchers and clinicians will be free to engage (or not) with these conceptual developments as they unfold.

Functional Analysis and Learning History

In two sections of the reply to our review (*The importance of functional analysis* and *The implication of learning history in clinical assessment and intervention*), the authors of MCC appeared to address our concerns, but simply reiterated what we had more or less acknowledged in our original review. That is, they pointed out places in which they covered functional analysis and dealt with the implications of learning history. But, in our view, a greater emphasis on and more coverage of these areas might be expected in a book that is devoted to the application of RFT to psychotherapy.

The Reticulating Model as a Knowledge Development Strategy

The unfortunate use of unnecessary rhetoric. Across some of the sections of the reply to our review, we were slightly perturbed by the use of rhetoric to create the impression that we made claims and arguments that we did not make. For example, the authors declare "In a reticulated approach, RFT belongs to all contextual behavioral psychologists, not basic researchers alone" (p. 6), implying that we, as basic researchers, had made some sort of 'power-grab' for the theory. In our view, the authors of MCC are not served well by the use of such rhetoric if their aim is to invite basic researchers to reticulate with them in a genuinely collegial way. In any case, we would go further than the authors and argue that RFT does not belong to *any* individual or group -- it belongs to anyone who wants to play with it!

What does reticulation actually involve? The authors point to the reticulation strategy of knowledge development in CBS as justification for writing MCC. Indeed, the penultimate section of their reply (*The development of research in RFT for clinical applications*) outlines very little with which we have ever disagreed. In fact, we have made a substantive contribution to the very research agenda to which the authors refer. The unfortunate result of this section, therefore, is that it may give the reader the impression that we are opposed to translational research, and the reticulating model per se. On balance, it *is* the case that, as a group of basic researchers, we found some of the concepts introduced in MCC less than compelling, in terms of motivating our own research activity. We understand that the authors may feel disappointed and frustrated when their colleagues express dissatisfaction with what they propose and do not use their work to direct their own research. But, it is important to acknowledge that we did consider it to the extent that we studied the book thoroughly and took the time to write the review. In our opinion, this action is a legitimate example of the reticulation strategy in operation.

In a broader sense, the current exchange highlights that the reticulating model of knowledge development in CBS remains a 'work-in-progress'. Yes, there are articles that

attempt to lay out the model, but it is only in 'living the model' that genuinely viable strategies will evolve. In our view, we are far from a widely agreed view of what the model will actually entail, and thus pointing to it as a 'justifying' context for writing MCC is far from compelling. To provide a concrete example, the authors of MCC propose a number of new 'middle-level' concepts for RFT in the absence of directly supportive data. Basic researchers, we presume, are expected to explore these new concepts as part of the reticulating strategy of knowledge development within CBS. Suggesting new terms in the absence of empirical evidence to support them could, however, hinder rather than facilitate genuine knowledge development by sending basic researchers off on 'wild goose chases'. We are not arguing that this *is* the case, merely that it is a possibility to which we should all remain open at this early stage in the development of the reticulating strategy itself. Indeed, it is worth noting that the detailed treatment of the MDML in Barnes-Holmes, Barnes-Holmes et al. (in press) attempted to place the framework in the wider context of the reticulation strategy. As the authors pointed out, the 'bottom-up' focused approach offered by the MDML simply provides a different 'angle of attack' than that suggested by MCC. Such variation in the strategies available to CBS as a community is, in our view, a healthy sign of on-going development.

Conclusion: Seeking Clarification and Moving Forward

In closing, for us there remains a lack of clarity concerning the purpose of MCC. Specifically, in developing RFT in terms of the MDML etc., we were adopting a bottom-up approach, in part, to reticulate with ACT and the psychological flexibility model itself. We adopted this strategy because the psychological flexibility model has a wealth of support and data behind it. Indeed, we recognize that therapists, applied researchers and even basic researchers, will always need to use terms that vary in relative precision. Even astrophysicists will occasionally talk about the sun rising in the East and setting in the West. Our goal, therefore, was to develop the basic theory of RFT in a way that emphasizes to a far greater

degree, the dynamical, multi-dimensional, multi-level nature of arbitrarily applicable relational responding, in a systematic way that yields models wrought from the crucible of the experimental laboratory, but also connects with the psychological flexibility model. The therapist does not need to use these MDML concepts when talking to her clients, but the therapist can in principle begin to think about her client's psychological suffering, in terms of the dynamical nature of arbitrarily applicable relational responding if and when the psychological flexibility model does not appear to work.

In contrast, the purpose behind MCC appears a little unclear to us in this regard. Was it just an attempt to introduce clinicians to RFT terms and concepts, so that they could improve the clinical conversation? Or was it an attempt to link RFT more directly to the psychological flexibility model? Or was it both? Furthermore, how does all this fit with what is now being referred to as ACT II, which is being presented as a form of ACT that connects more directly to basic processes? For example, are clinical RFT and ACT II one and the same thing? These are not necessarily questions that need to be answered immediately. But, they are questions that we think the authors of MCC should reflect upon in developing clinical RFT and perhaps when writing a second edition of MCC.

Compliance with Ethical Standards

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References

Barnes-Holmes, D., Barnes-Holmes, Y., Hussey, I., & Luciano, C. (2016). Relational frame theory: Finding its historical and philosophical roots and reflecting upon its future development : An introduction to part II. In Zettle, R., Hayes, S., Barnes-Holmes, D., & Biglan, A. (Eds.). *The Handbook of Contextual Behavioral Science.* Wiley Blackwell: UK.

Barnes-Holmes, D., Barnes-Holmes, Y., Luciano. C., & McEnteggart, C. (in press). From the IRAP and REC model to a multi-dimensional multi-level framework for analyzing the dynamics of arbitrarily applicable relational responding. *Journal of Contextual Behavioral Science (Special Issue on Conceptual Developments in Relational Frame Theory).*

Barnes-Holmes, Y., Kavanagh, D., Barnes-Holmes, D., Finn, M., Harte, C., … , & McEnteggart, C. (in press). Review: Mastering the Clinical Conversation: Language as Intervention, Villatte, M., Villatte, J. L., & Hayes, S. C. (2015). New York, NY: Guilford Press. *The Psychological Record.* doi:10.1007/s40732-017-0229-0

Barnes-Holmes, D., Finn, M., McEnteggart, C., & Barnes-Holmes, Y. (in press). Derived stimulus relations and their role in a behavior-analytic account of human language and cognition. *Perspectives in Behavioral Science (formerly The Behavior Analyst), Special Issue on Derived Relations.*

Barnes-Holmes, D., McEnteggart, C., & Barnes-Holmes, Y. (in press). Symbolic thought and communication: An RFT perspective. In Hayes, S., & Wilson, D.S. (Eds.) *Evolution and Contextual Behavioral Science: A Reunification.* Wiley Blackwell: UK.

Harte, C., Barnes-Holmes, Y., Barnes-Holmes, D., & McEnteggart, C. (2017). Persistent rule-following in the face of reversed reinforcement contingencies: The differential impact of direct versus derived rules. *Behavior Modification, 41*(6), 743-763.

Hayes, S.C., Barnes-Holmes, D., & Roche, B. (2001). *Relational frame theory: A post-Skinnerian account of human language and cognition (Eds.).* New York: Kluwer Academic.

O'Connor, M., Farrell, L., Munnelly, A., & McHugh, L. (2017). Citation analysis of relational frame theory: 2009-2016. *Journal of Contextual Behavioral Science, 6,* 152-158. https://doi.org/10.1016/j.jcbs.2017.04.009

Villatte, M., Villatte, J.L., & Hayes, S.C. (in press). A reticulated and progressive strategy for developing clinical applications of RFT. *The Psychological Record.* doi: 10.1007/s40732-017-0251-2.