

Acceptance and Commitment Therapy: An existential approach to therapy?

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About the Author

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Abstract

This paper aims to explore the similarities and tensions between Acceptance and Commitment Therapy (ACT) and existential-phenomenological therapy. Parallel processes and attitudes are outlined, and conceptual and historical differences are discussed. The benefits of such a comparative exploration are also reviewed, with a view to assisting communication and integration between these two models.

Key words

Acceptance and Commitment Therapy (ACT), existential-phenomenological therapy, integration, research

I trained as an existential counselling psychologist nearly ten years ago. Since then, and like many other practitioners, I have travelled from the forests and clearings of existential-phenomenological psychotherapy, through the well-designed and beautiful cities of Cognitive-Behavioural Therapy (CBT) and the lakes of mindfulness, and arrived among the mountains of Acceptance and Commitment Therapy (ACT). I often feel that I am practicing existentially when I am using ACT to assist my clients. In this paper, I will seek to clarify my thinking around this. Is this an illusion? What is currently being written about this? How is ACT an existential approach to therapy? How is it not? And does this matter? How could or should therapists respond to this?

Existential-phenomenological therapy

Readers of this journal will not need reminding that existential-phenomenological therapy is a distinct therapeutic model or approach to therapy, with its own history, principles and practices (Spinelli, 2014). Van Deurzen states that the aim of existential therapy is 'to awaken a person to consciousness and awareness of their own position in the world' (van Deurzen, 2014, p. 12). McGinley (2006, p. 305) defines phenomenology from a Heideggerian position as 'the bringing of things to light by discourse,' that is, through language. So, in the existential-phenomenological therapeutic encounter, it could be said that therapists and clients work together to articulate clients' experiences and increase clients' awareness of their situations in life.

However, the act of attempting to define this model of therapy is antithetical to the model, to an extent (McGinley, 2006). This is because the process of existential work mirrors the process of living, or the process of becoming, which is intersubjective and ever unfolding. Just as no construct can objectively capture 'being-always-becoming' (Spinelli, 2014, p.7), no definition can capture existential-phenomenological therapy completely.

Existential-phenomenological therapy can be distinguished from taking an existential stance towards one's work, though (Spinelli, 2014). Many advocate the importance of an existential stance or attitude in all therapy, no matter what model or approach one is using, as psychological therapy is

essentially existential work (Steffen and Hanley, 2014; Milton et al., 2002). And, due to difficulties with and in definition, some advocate viewing the approach as more of a way of thinking about therapy (Harris, 2013). Madison (2014, p. 26), for example, states that the existential-phenomenological position can operate as more of 'an umbrella term', covering many different practitioners who work in a variety of ways, but with some common assumptions. What is shared here is a common attitude, as opposed to a structured doctrine – an attitude which values a philosophical approach to issues brought to therapy, an awareness of the givens of existence and their relationship to much of human distress, and a stance of not knowing or un-knowing (Spinelli, 2014; Madison, 2014).

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (or ACT) is a form of applied behaviour analysis, underpinned by a specific theory of language known as Relational Frame Theory, which itself evolved from Skinner's radical behaviourism (Day, 1969; Wilson and DuFrene, 2008). It values its empirical roots and is building a growing evidence base, in the tradition of cognitive and behavioural therapies. What distinguishes it from earlier, so-called second-wave CBT therapies is its assertion that it is the struggle with or avoidance of difficult internal experiences, or the felt need to explain them, that causes much of psychological distress (Yovel and Bigman, 2012), as well as a lack of clarity about one's meaning or values in life (Karekla and Consantinou, 2010). ACT therefore aims to support clients to increase their psychological flexibility (Sharp et al., 2011), which is defined as 'the ability to consciously and mindfully attend to the variety of internal and external experiences existing at the present moment and behave in ways that serve one's valued goals' (Yovel and Bigman, 2014, p. 385).

Several of the core processes within the ACT model are described as mindfulness processes, such as acceptance and contact with the present moment (Wilson and DuFrene, 2008). Therefore, the growing literature around the parallels and compatibility of mindfulness and existential-phenomenological therapy (Claessens, 2009, 2010) is relevant to this paper.

Even from this brief description, it may be apparent that ACT could easily fit under the existential umbrella. In fact, many have already described it as 'a behaviour analytic response to [...] existential critiques of traditional behaviour therapy' (Wilson et al., 2011, p. 236), which does not consider issues of meaning and purpose in life explicitly. More grandly, ACT has been described as part of a wider project 'with the aspiration of developing a science more adequate to the challenges of the human condition' (Wilson et al., 2011, p. 236).

The Parallels between Existential-phenomenological Therapy and Acceptance and Commitment Therapy

Mindfulness and Existential-phenomenological Therapy

Recent work on the compatibility of mindfulness-based approaches and existential-phenomenological therapy includes work by Claessens (2009, 2010) and others. Felder et al. (2014) point out the similarities between mindfulness meditation and the non-interfering, meditative state of consciousness encouraged by Heidegger in order to phenomenologically observe Being as it unfolded. They also draw parallels between Merleau-Ponty's body-centred awareness and the

embodied awareness in mindfulness, and argue from this that mindfulness cannot be said to be derived exclusively from a cognitive-behavioural tradition. Harris (2013) also points out the similarities between mindfulness and existential-phenomenological therapy, as both are non-directive and aim to increase awareness in the assistance of the exploration of existential issues. Further, Nanda (2010) asserts that the epoché, or the act of bracketing part of one's internal experience in order to better be with what is, is very similar to the de-centring or stepping back from experience which is the target of mindfulness-based approaches.

A Shared Stance

It is striking that, despite their very different histories and legacies (Bunting and Hayes, 2008), ACT and existential-phenomenological therapy have many shared positions and values (Felder et al., 2014; Harris, 2013).

Non-pathologising

Both therapeutic approaches insist that there is no need to pathologise human suffering or distress. Pain is ubiquitous and essential, not abnormal, and does not need to be resolved per se (Nanda, 2010; Sharp et al., 2004; Harris, 2013; Yovel and Bigman, 2012). Therefore, neither approach focuses on reducing symptoms, helping people to feel better, or prescribing a more positive, alternative way of thinking (Harris, 2013; Yovel and Bigman, 2012; van Deurzen, 2014). Like ACT, existential-phenomenological therapy doesn't assume that any diagnosis or disorder is necessarily problematic – it may serve an important function, or it may be an important part of how that person construes themselves (Wilson and DuFrene, 2008; Spinelli, 2014). Instead, both approaches encourage clients to begin from their anxiety or hopelessness, to face facts as to what is working and what is not, to find their strength and to clarify their life project or values (van Deurzen, 2014; Wilson et al., 2011; Claessens, 2009). It is for these reasons that both approaches reject the psychiatric frame of health or disorders, and the medical hygiene model which assumes that health is normal and that suffering indicates maladjustment and the need for treatment (Bunting and Hayes, 2008; Sharp et al., 2004). This stigmatising view produces diagnostic categories with little basis in science, while assuming that science can eradicate the suffering that has been diagnosed. Arguably, as rates of 'anxiety' and 'depression' continue to increase, this approach to mental health isn't working, in part because suffering is pervasive and a basic human process, whose eradication is not a prerequisite to living (Sharp et al., 2004).

Acceptance

Much of this distress relates to universal features of human existence (whether this is construed as issues in 'linguaging' or givens such as uncertainty, change and death (Badiée, 2008)), leaving awareness and acceptance as often the only option. If the 'problem' is not an illness or even a disorder, it may instead be part of the struggle to live fully (Garcia-Montes and Perez-Alvarez, 2010). Garcia-Montes and Perez-Alvarez (2010) argue that the growth of acceptance-based approaches to therapy, such as ACT, demonstrates the issues with pathologising problems in living and the limits of therapeutic approaches not informed by existential thinking. Mindfulness-based approaches, including ACT, and existential-phenomenological therapy share the aim of examining what is present, which in turn may assist clients to 'own' and accept their existing conditions of living and its possibilities and limits (Spinelli, 2014; Claessens, 2009).

Non-hierarchical

Following from this, both ACT and existential-phenomenological therapy see clients and therapists as cut from the same cloth. They reject any expert stance, and stress the importance of applying the notions and challenges of the approaches to ourselves (Nanda, 2010; Madison, 2014; Wilson and DuFrene, 2008). Therapy is seen as being created from the interaction of two very real, vulnerable people in one room (Madison, 2014; Wilson and DuFrene, 2008). This leads to similar language being used by both approaches when discussing clients. For example, ACT encourages therapists to consider whether it is more helpful to approach each client as a math problem or as a sunset (Wilson and DuFrene, 2008), while existential therapists also speak of the importance of approaching clients as mysteries rather than problems (Madison, 2014).

Freedom and choice

Both of these approaches focus on freedom and the value of making changes where one can live a fuller life (Harris, 2013; Yovel and Bigman, 2012; Nanda, 2010). In the specific language of applied behavioral analysis, values are defined as ‘freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioural pattern itself’ (Wilson and DuFrene, 2008, p. 64). Note the emphasis on choice here – values are first and foremost ‘freely chosen’. Choices are defined in ACT as ‘verbally undefended selections among alternatives’ (Yovel and Bigman, 2012). In other words, these choices cannot be rationalised, or explained through logic – as, in ACT terms, this usually leads to storying, entanglement and fusion. Yovel and Bigman (2012) assert the parallels between this and Sartre’s notion of existence preceding essence; our values simply are, before definition or explanation. Garcia-Montes and Perez-Alvarez (2010) go further, likening work around values and the nature of choosing values in ACT with Sartre’s work in *Being and Nothingness*. Freedom has no foundations, and freedom forms the basis of all our values, which are not decisions but freely chosen, existential choices, precisely because we are all condemned to choose. Trying to avoid our existential choices, in both approaches, is therefore often seen to be at the heart of the problems clients present in therapy (Nanda, 2010).

Meaning and values

As values are freely chosen, and not rationally decided upon, they are intensely personal. ACT structures its work around the values and value-related goals that clients identify, thereby ensuring that, as in existential-phenomenological therapy, the work travels in the direction of what brings clients meaning and purpose in life (Yovel and Bigman, 2012; Nanda, 2010). A focus on values and the search for meaning is more traditionally associated with existential approaches (Sharp et al., 2004), so the centrality of increasing valued living in ACT demonstrates the existential turn in contextual psychology and third-wave cognitive behavioural therapies (Wilson et al., 2011).

Being-always-becoming and Self-as-context

It is also arguable that, while still a construct, the central process of self-as-context within ACT is closer to the existential-phenomenological stance on relatedness than any other concept of self from other therapeutic approaches. Existential-phenomenological therapy has always questioned notions of a fixed or rigid self (Nanda, 2010), and argued instead for an essentially related position, where being ‘is founded upon a process-like “flow” of *being-always-becoming*’ (Spinelli, 2014, p. 7). This is not the same as saying that we exist in relation to others and the world at all times, for this stance still assumes an individual self which can then be in relation. Rather, all of our experiences

and behaviours emerge from this essential relatedness – we are the world, and the world is us, to paraphrase Merleau-Ponty. Our attempts to make sense and to ‘thing-ify’ ourselves, to cope with the ever-changing nature of being, are ever unsatisfactory, causing universal suffering (Spinelli, 2014).

ACT does not approach the radicalness of this view, as it still uses the construct of the self. It does, however, view the self as process-based and transcendent, portraying the self as a perspective or an arena, rather than a ‘thing’ (Bunting and Hayes, 2008). It also encourages clients, therefore to move from a ‘thing-ified’ stance of self-as-content, to a more relational, process-based perspective of self-as-space or self-as-context.

Shared Processes

Mindfulness and Existential-phenomenological Therapy

Other authors have pointed out in this journal the parallels between the practice of mindfulness and the process of existential-phenomenological therapy. Claessens (2009) argues that incorporating mindfulness into one’s existential practice could enrich its efforts to increase clients’ awareness of their experiences and circumstances. She refers to mindfulness as a ‘conceptually congruent practice’ for existential-phenomenological therapy, which helps us to bring bare attention to difficult experiences, without layering on explanations or analyses (Claessens, 2009, p. 113). The focus here is on existence and process, not the individual or essential self. Thus, mindfulness practice could be seen as an important part of the experiential confrontation with the givens of existence, which sits more naturally with an existential approach to therapeutic practice than a cognitive-behavioural approach. Claessens also argues (2010) that the focus on acceptance, process and the experiential in third-wave cognitive-behavioural therapies, such as ACT, largely bridge the previous divide between CBT and existential-phenomenological therapy.

Nanda (2010) has also highlighted in this journal how mindfulness practise, as in existential-phenomenological work, focuses on staying with and making space for what is present, whether difficult or joyful, by practising acceptance of what is. She also draws a parallel between the *epoché*, or the attempt to bracket associations or thoughts about phenomena, and the process of de-centring, which is central to third wave approaches such as ACT. Others have also pointed to the shared focus in some existential work and mindfulness-based approaches on the body and on slowing process down (Sharp et al., 2011; Madison, 2014).

Acceptance and Commitment Therapy and Existential-phenomenological Therapy

Like existential-phenomenological therapists, ACT therapists are non-judgemental, they focus on the immediate processes in the therapeutic interaction, and they model an accepting stance to what is present (Bunting and Hayes, 2008; Spinelli, 2014). The focus, in the room, is on the phenomenological, lived experience of the client, away from any objectifying, scientific stances (Sharp et al., 2011). Garcia-Montes and Perez-Alvarez (2010) draw an interesting correspondence between creative hopelessness and an experience of existential despair - the despair of being condemned to choose, to face up to our situation or circumstances, to what is and is not working, and to make a choice. And Karekla and Constantinou (2010) observe that ACT employs many metaphors on existential themes as therapeutic interventions, such as ‘The Epitaph’ exercise.

The resemblances between these approaches are compelling. Each embodies 'openness to enquiry, curiosity, being with experience, attentiveness, a respectful stance ... and an exploration of the existential themes of the human condition' (Nanda, 2010, p. 338). There is a harmony being played out between the themes of acceptance and commitment and existential practice (Claessens, 2009); making room for difficult experience while moving towards one's values is like moving, through awareness, to greater acceptance of the givens of existence and to living more authentically, which may be an outcome of existential work (Badiie, 2008). This is why prominent ACT theorists are highlighting similarities between the two approaches (Bunting and Hayes, 2008) or writing at length of the impact on their work of seminal existential works such as Frankl's *Man's Search for Meaning* (Wilson and DuFrene, 2008). This is why writers are parodying ACT's exhortation to 'get out of your mind and into your life' in order to highlight the mindful attitude in Heidegger's work, as he invites us 'to get out of one's dualistic mindedness and into one's situated experience of being' (Felder et al., 2014). And this is why some authors are suggesting ACT for clients experiencing existential crises, citing research which shows the effectiveness of ACT over CBT in some instances for those facing existential crisis through illness (Karekla and Constantinou, 2010).

Exploring differences

Of course, ACT is not an existential therapy, and never claimed to be. An exploration of the differences between these approaches can further illuminate where their boundaries blur as well as where they are distinct.

Research

One difference between ACT and existential-phenomenological therapy is their approach to research, historically. ACT is an empirically-based approach, driven by research, which highly values the scientist-practitioner perspective (Wilson et al., 2011). It attempts to use precise, sometimes scientific language, without diminishing or oversimplifying the profound existential experiences under examination (Bunting and Hayes, 2008). As such, it is an empirically validated psychotherapy that incorporates existential concepts (Badiie, 2008), which engages with the evidence base while trying to challenge it by, for example, questioning its emphasis on symptom reduction over measures of quality of life and functioning (Dalrymple et al., 2014). Existential therapists such as Yalom have asserted in the past that existential therapy is incompatible with an empirical research agenda focused on outcomes and effectiveness (Wilson et al., 2011). If ACT and existential-phenomenological therapy share similar agendas and are at times using different language for similar phenomena, however, the evidence for one approach may apply to the other (Felder et al., 2014).

Different roots

ACT and existential-phenomenological therapy have emerged from completely different discourses and histories to unintentionally overlap each other in some ways (Sharp et al., 2004; Felder et al., 2014; Bunting and Hayes, 2008). However, some of the roots of this overlap can be seen in the connections between radical behaviourism (from which evolved Relational Frame Theory, which underpins ACT) and phenomenology.

In Fallon's 1992 paper 'An Existential Look at B. F. Skinner,' he acknowledges that Skinner was no existentialist. Radical behaviourism and existential philosophy are very different. However, Skinner was of the same time and hence subject to the same influences as Heidegger, Jaspers, Merleau-

Ponty, Sartre and others. In Skinner's autobiography, he describes his existential crisis after university. This led to him retraining as a psychologist, at a time when behaviourism was the predominant model in the US. However, Skinner rejected logical positivism, and the methodological or conventional behaviourism to which this gave rise (Day, 1969). Instead, Skinner started from a more pragmatist position (as did the American existential schools) (Fallon, 1992). He also preferred a more inductive, phenomenological approach - one that was focused on the thing itself, on observation, rather than any *a priori* analysis or abstraction. Skinner is quoted as saying that 'the world we know is simply the world around us' (Kvale and Grenness, 1967, p. 131), which is similar to assertions made by Sartre and Merleau-Ponty which reject the need for representation and assert the primacy of perception. Science then becomes an explanation of our perceived world - a map which only makes sense because of our experience of the city (Kvale and Grenness, 1967). Also like Sartre and Merleau-Ponty, Skinner rejected the dualistic thinking that underlay most of psychology (Kvale and Grenness, 1967). Neither distinguished between inner and outer, objective and subjective, physical and psychological, arguing that these terms are contradictory and unnecessary, as they do not contribute to our understanding of how we perceive the world. Any divide, therefore, between thought and emotion and sensation and behaviour is meaningless, from a radical behaviourist perspective, as emotions and thoughts are all intentional and active behaviour (Kvale and Grenness, 1967). And, like Sartre, Skinner recognised the dialectical relation between us and the world, that we are created / controlled just as we create / control, while stressing, like Merleau-Ponty, the social or intersubjective nature of this relation (Kvale and Grenness, 1967).

ACT researchers present contextual psychology as addressing the (existential) gap left by traditional, positivist behaviourism (Bunting and Hayes, 2008). They acknowledge that Skinner took a functional, phenomenological approach to his behavioural research, and the model they have built from this research emphasises the contextual and the holistic, which relate to notions of relatedness and intersubjectivity in existential phenomenology.

Relatedness vs Individualism

ACT appears to treat individual clients as if they were isolated, bounded, atomised beings, thus falling into the dualistic trap of other Western approaches to therapy. Existential-phenomenological therapy, meanwhile, asserts that relatedness and intersubjectivity constitute us (Spinelli, 2014). However, Skinner's phenomenological roots, as detailed above, have some commonalities with this position. The extent to which the current ACT literature is aware of and incorporates these views is unclear. However, ACT's pragmatic focus on value-related goals acknowledges situatedness and relatedness through its focus on dimensions such as relationships, community involvement, spiritual life, and the body, while moving away from any focus on the self as an independent thing or object.

Inquiry vs Intervention

A further major difference between ACT and existential-phenomenological therapy can be seen in their approach to change. Like other third-wave therapies, ACT is pragmatic, change-focused, and at times didactic, as it assumes that training clients to develop qualities like mindfulness can help improve their functioning (Claessens, 2010). Existential-phenomenological therapy, on the other hand, is more akin to a kind of research inquiry than any directed clinical intervention. It is interested on how it is to be, on engaging with what is present, rather than reaching any particular aim, such as 'interrupting fusion.' In fact, some existential writers argue that the adoption of aims or agendas in therapy amounts to an objectification or individualisation of the self, away from our

essential relatedness (Spinelli, 2014). They therefore call on therapists to abdicate any attempt to direct the therapeutic process, in favour of cultivating a truthful dialogue with the client, or a self-generating process of body-based interaction which, if authentic, has its own forward movement (Madison, 2014). The only aim here, if any, is to 'provoke a more honest awareness of who and how the client is' (Spinelli, 2014, p. 10).

In some ways, this stance is somewhat paradoxical. All therapists, I would argue, aim to be of some use to their clients, and all clients enter therapy hoping to be changed by the experience in some way, if not to achieve a certain goal or aim. Indeed, Spinelli's own book of case studies (1997) illustrates how he has used existential-phenomenological therapy to his clients' benefit. The difference here seems to be more about approach, with one model more educational and the other more process-oriented and awareness-based (Bunting and Hayes, 2008). The therapist is more active in ACT, and the sessions more structured, using formulations and stock exercises when needed. However, it can be argued that ACT, like existential-phenomenological therapy, is about aligning clients' worldviews with their experiences, through an analysis of workability and the establishment of creative hopelessness. And, unlike other therapies, it is not concerned with making clients feel better or reducing symptoms, as detailed earlier (Harris, 2013; Yovel and Bigman, 2012). So, while existential-phenomenological therapy aims only to increase clients' awareness, ACT does this for a purpose – in order to assist the client to live more in accordance with what they value in life. Therefore it seems that, while both approaches reject any goals or aims which involve improving clients' moods, both are arguably engaged in widening clients' horizons by clarifying what matters to them and the difficulties and benefits of their current situation.

The Therapeutic Relationship

As ACT is more structured than existential-phenomenological therapy, with the therapist playing a more active, sometimes didactic role, it could be argued that the nature of the therapeutic relationship is very different. The quality of the therapeutic relationship is a central focus of existential practice (Nanda, 2010), and much is written about the importance of being with and for the client and un-knowing (Spinelli, 1997; Spinelli, 2014). Perhaps any highly articulated, structured and empirically-driven approach to therapy is in danger of losing sight of the forest by focusing too much on the trees. While ACT therapists value the immediate relational encounter, and what the client is bringing, on their own terms (Wilson and DuFrene, 2008), this is probably not seen as the whole of the work. However, ACT therapists probably would reject any notion of being led by technique, describing themselves as process rather than procedure oriented (Wilson et al., 2011). Again, it is interesting to consider the extent to which all approaches to therapy incorporate processes or methods in their models. It could be argued, for example, that bracketing and horizontalisation are processes in existential-phenomenological practice. Still, the possible significant difference here seems to be regarding the necessary and sufficient components of therapy, and how these affect the nature of the relationship between therapist and client.

The Benefits of Contact

Many of the authors cited in this paper make the case for more exchange and collaboration between these models of therapy. Bunting and Hayes (2008) note that both approaches have tended so far to dismiss the other, either on philosophical or empirical grounds, and that this parallels attitudes to research – either exclusively valuing research on existence using phenomenological methods, or experimental research focused on measuring effectiveness. However, Spinelli (2014) argues that a

focus on existential themes in other approaches and efforts to integrate these themes into other models are not to be dismissed. Examining complementary or similar features between models, with a view to looking at possible integrations, is also consistent with the large body of research which seems to indicate that all approaches to therapy are helpful and effective in the right context (Felder et al., 2014).

Building bridges between ACT and existential-phenomenological therapy could benefit both parties. Linking the two could contribute to an existential base for ACT therapists, while a reminder of our essential relatedness can assist ACT therapists to maintain the mindful presence needed to work at relational depth with the unfolding therapeutic process in each session (Milton et al., 2002). Evidence for the effectiveness of ACT may also contribute to the evidence base for existential-phenomenological therapy, particularly where the models appear to use different language for very similar phenomena (Felder et al., 2014). Therapists of both stripes could enhance their practice by sharing and exploring processes and literature with each other (Sharp et al., 2004). Collaboration and awareness of both perspectives could lead to mutual enrichment and new possibilities, which could in turn produce new combinations contributing to improved outcomes (Garcia-Montes and Perez-Alvarez, 2010).

Milton et al. (2002, p. 8) argue that existential-phenomenological psychotherapy's 'lack of [...] specified therapeutic techniques allows it openness in theory and practice, lending itself towards integration.' They go further, asserting that 'existential-phenomenological psychology offers psychotherapy a meta-model of human existence and thus a way to add to, and remain questioning of, the assumptions underlying theoretical models' (Milton et al., 2002, p. 17-18). This certainly fits with my own experience of practicing ACT as an existential counselling psychologist, as I hold the model lightly, having being informed and transformed by existential philosophy, while attempting to attune to the uniqueness of the client and the unfolding process of the relational encounter.

Conclusion

An open stance to theory, one which acknowledges the contributions of all models, mirrors the mindful awareness ACT and existential-phenomenological therapists attempt to cultivate in their work (Felder et al., 2014). In this article, I have set out the case for the compatibility of ACT and existential-phenomenological therapy, while exploring some of their differences, and presented the case for greater association or cooperation between these two models. I hope this will be useful to other therapists who are also passionate about existential-phenomenological therapy and approaches which incorporate mindfulness and acceptance, and who are also trying to find coherent ways to integrate them in their practice.

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