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Understanding and Enhancing Psychological Acceptance

James D. Herbert

Drexel University

Lynn L. Brandsma

Chestnut Hill College

Psychologists and other mental health professionals can scarcely check their mail these days without receiving yet another announcement for a training workshop, book, or podcast focused on enhancing mindfulness and psychological acceptance, both in their patients and in themselves. Several new psychotherapy models featuring mindfulness, acceptance, metacognition, and related concepts have become very popular over the past decade. Not to be left behind, even versions of traditional treatment models such as psychoanalytic psychotherapy have recently adopted the prefix "mindfulness-based" (e.g., Stewart, in press; Ventegodt et al., 2007). These concepts have also found their way into the public consciousness, with countless media presentations extolling the virtues of mindfulness. Beautiful, young, serene-looking women with palms held together prayerfully and bodies in graceful yoga poses adorn the covers of magazines and websites. References are made to ancient wisdom and esoteric practices newly imported from the East, couched in a seductively exotic and

models of behavior therapy beginning in the 1990s and continuing to today

to the status quo of one's life situation. A woman in a physically abusive relationship, for example, need not accept that this is her fate; quite the contrary. As she takes steps to change the situation (for example, by leaving her partner) she will likely experience anxiety, self-doubt, and other distressing experiences. It is the acceptance of these experiences, in this case in the service of making positive behavior changes consistent with her goals and well-being that constitutes experiential acceptance.

There are two other noteworthy points about psychological acceptance. First, the term is antonymic with respect to experiential avoidance. As discussed below, a growing body of research documents the pernicious effects associated with such avoidance. Second, psychological acceptance typically goes hand-in-hand with cognitive distancing or defusion. In fact, some theorists argued that the process of distancing oneself from one's distressing experience automatically leads to acceptance of that experience (Brown & Ryan, 2003). Although it is true that strategies to enhance defusion generally enhance acceptance and vice versa, the two concepts are in fact distinct. That is, defusion from distressing experiences does not necessarily lead to acceptance of those experiences (Herbert & Forman, 2014). For example, an individual with panic disorder may be able to step back and observe his or her rapidly beating heart (distancing). But rather than accepting the experience, he or she may believe that it signals an impending heart attack. We will return to this issue below, when discussing strategies to foster both defusion and acceptance of distressing experiences.

Psychological Flexibility

A common misunderstanding about psychological acceptance is that it should be applied unquestioningly to the totality of one's experience, at all times. However, reflecting on this proposition reveals its absurdity. In some cases, a thought is a meaningful hypothesis about the world, and its validity matters. For example, if I hear noises in my home while lying in bed late one night, I might have the thought, "it's an intruder!" It makes a real difference for the safety of my family whether this thought is true or if I am simply hearing my dog, the wind, or the settling of an old house. The prudent course of action is to gather data on the truth value of the thought, not simply to accept it as an automatic mental reaction. Likewise, some bodily sensations convey important information that should not be ignored. Athletes must learn to distinguish the normal aches and pains that accompany physical exertion from those that signal injury, and failure to do so can lead to overtraining and exacerbation of an injury. The key issue in both of these cases is whether our subjective experience in any particular instance is really about

data that matter in some important way to our well-being. The form or content of our cognitions is not always a good clue, because our thoughts often masquerade as being about meaningful data-based propositions when in fact they are not.

A related point concerns attempts to exert control over distressing feelings, sensations, or memories. Although the habitual tendency to suppress or otherwise change such experiences is problematic, it does not follow that all such efforts are doomed to failure. In fact, one may sometimes be able to divert attention away from a distressing thought or feeling in such a way as to change one's ongoing experience in a positive way, enhancing the ability to pursue meaningful activities. In our work with extreme social anxiety, for example, we help patients learn to gently refocus attention away from self-evaluative thoughts and anxious feelings and toward the social task at hand (e.g., a conversation), all in the context of an overall accepting stance toward the individual's subjective experience (Herbert, Gershkovich, & Forman, in press). The important issue here is the effectiveness and overall consequences of such efforts. That is, does the effort to change directly one's experience in a given situation actually work, and if so, does it bring about more problems than it solves? If such efforts work and do not entail significant costs, then they need not be discouraged. The sensitivity among proponents of psychological acceptance to problems arising from direct efforts to change the content of one's experience is therefore pragmatic, not dogmatic.

To highlight this important point, some theorists have recently used the term psychological flexibility to illustrate the importance of limiting efforts to engage with one's experience in an evaluative or control-oriented way to only those contexts in which such efforts are effective and do not entail negative side effects. Emphasizing the pursuit of behaviors consistent with personally relevant goals, Bond and colleagues (2011) defined psychological flexibility as "the ability to fully contact the present moment and the thoughts and feelings it contains without needless defense, and, depending upon what the situation affords, persisting in or changing behavior in the pursuit of goals and values" (p. 678).

Meditation

In the popular literature, the term [illegible] is often used synonymously with mindfulness (e.g., Gross, 2014; see also Chapter 7 "Chilling Out: Meditation, Relaxation, and Yoga"). As discussed above, mindfulness refers to a particular psychological state. Meditation is not itself that state but rather a practice aimed at fostering it. Mindfulness meditation most commonly refers to a practice of sitting quietly while simply noticing one's

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be completely unstructured, or guided (e.g., by audio recordings), or structured in another way. For example, in the "leaves on a stream" exercise in ACT, one imagines contemplating a stream in the fall with leaves floating by. The contents of one's experience (e.g., thoughts, images, sensations) are imagined to be placed on the leaves, and one simply watches as they float by. One can meditate while lying prone with eyes closed or while walking, playing a musical instrument, or even exercising. Over time, the goal is not simply to achieve a state of heightened nonjudgmental awareness of experience while in a sheltered setting (e.g., a quiet room) free of distractions, but to be able to carry that state forward as one goes through his or her activities in everyday life. More specific variants of meditation also exist. For example, loving-kindness meditation involves contemplating the connectedness of all living things and a deep sense of empathy toward others (Salzberg, 1995).

Yoga is another common technique used to enhance mindful awareness, especially of one's body in space (see also Chapter 7 "Chilling Out: Meditation, Relaxation, and Yoga"). Indeed, any physical activities involving structured movements, such as dance or katas from tai chi or other martial arts, can be used to foster a sense of enhanced awareness. The body scan is another approach whereby one systematically and sequentially focuses attention on various parts of one's body.

An important distinction is how these practices overlap with relaxation training (see also Chapter 7 "Chilling Out: Meditation, Relaxation, and Yoga"). Although relaxation often occurs during meditation or somatic-focused practices, it is viewed as an incidental side effect and not a goal per

A number of verbal conventions and exercises can foster defusion and acceptance. For example, when experiencing a distressing thought, one can repeat it, inserting the phrase "I'm having the thought that . . ." before the thought. Or one can add the phrase, "that's an interesting thought" following the thought, simply acknowledging the thought as a product of the mind and not as necessarily important or even particularly meaningful. One can repeat a key word representing an upsetting thought or idea (e.g.,) rapidly for 30 seconds or so until it begins to lose its emotional impact. One can likewise say the word slowly, in various strange, cartoon-like voices. By focusing on the sound of the word, its semantic properties become weakened.

ACT in particular makes liberal use of metaphors and experiential exercises to encourage defusion and acceptance. Many dozens of both metaphors and exercises have been developed, and innovative clinicians (and their patients) frequently add to this repertoire. A common metaphor is the tug-of-war with a monster. The individual is described as being in an all-out tug-of-war with a powerful monster, which represents his or her particular struggle (e.g., anxiety). Between the individual and the monster is a deep moat, into which falling will result in certain death. Despite the individual's attempts to pull as hard as possible against the monster, he or she is slipping ever closer to the edge of the moat. Trying to defeat the monster by enlisting help in pulling the rope, such as from friends, psychotherapy, alcohol or drug use proves ineffective, only causing the monster to pull back harder. An alternative is simply to drop the rope. As long as one refrains from touching the rope, the monster cannot impact one's functioning and one is free to pursue any chosen activity. The monster may rear its ugly head from time to time, taunting the individual and daring him or her to pick up the rope and re-engage in the struggle. Indeed, the individual is likely to find him or herself suddenly with the rope in hand, so the process of dropping it must be repeated many times. The key is learning to recognize when one has inadvertently picked up the rope and then immediately dropping it. Such metaphors are especially powerful when they are not merely explained didactically but rather are acted out, even using props; in this case, an actual rope.

An example of an experiential exercise targeting psychological acceptance is the cards exercise. The therapist and client work together to record various upsetting thoughts on index cards; one can also record distressing beliefs, sensations, or memories, for example. The therapist and patient then engage in a

conversation and the dyad discusses how the interaction went, highlighting the inevitable disruption that actively trying to manage the cards had on the conversation. The exercise is then repeated, this time with the patient instructed simply to let the cards fall wherever they might, without any effort to do anything with them at all, representing acceptance of one's thoughts. Inevitably, engaging in the conversation is much easier under these circumstances.

Finally, exposure exercises provide an ideal opportunity to practice psychological acceptance of difficult experiences. In classic anxiety exposures, the individual is systematically exposed to anxiety-provoking stimuli of increasing intensities with the goal of anxiety reduction through habituation. Exposures in the present context are conducted with a different purpose; that is, to practice distancing oneself from and accepting one's distressing experience. Often, some behavior is simultaneously practiced. For example, individuals with social anxiety disorder may engage in a highly anxiety-provoking conversation, perhaps with an attractive individual or an authority figure. The dual goals are practicing engaging fully in the conversation while simply noticing one's anxiety (including anxiety-related thoughts and somatic sensations).

Values Clarification

The process of becoming aware of, distancing oneself from, and accepting one's distressing experience begs the question of the larger purpose of doing so. Why should one be willing to make such intimate contact with painful experiences? Upon reflection, most people realize their ultimate goals in life involve living a happy, meaningful life. Moreover, [illegible] in this context does not mean the absence of pain but rather a deeper sense of personal fulfillment. One way of conceptualizing this state is having clarity with respect to one's values in life and behaving in a way that is consistent with those values. For example, a man might highly value being a good father to his children. By contemplating this value, he operationalizes it by establishing specific goals such as spending at least a few minutes each day playing with or talking to each of his children one-on-one, working hard at his job to provide resources for them, and maintaining a close relationship with their mother. He then strives to behave consistently with this value and its associated goals. Aggressively pursuing one's values typically means engaging in behavior that will take one outside of one's habitual comfort zone,

somehow dormant, waiting to be uncovered. In fact, it is probably more helpful to think of values as something that one chooses and articulates, rather than discovers. This emphasizes that one's values are freely chosen by and therefore owned by the individual.

Exercises have been developed to help one choose, clarify, and articulate one's values and associated goals. A common exercise used in ACT is imagining that one is witnessing one's own funeral and listening to the key eulogies describing one's life. How would you want the speaker to describe your life? What do you want it to have stood for? What legacy do you want to leave the world? The answers to these questions can point the way toward the overarching themes that matter most to the individual. Once clarified, living in accordance with those values in turn leads to a sense of a fulfilled,

those programs are based (Hayes et al., 2013; Herbert, Gaudiano, & Forman, 2013; Lohr, 2011; Rosen & Davison, 2003). Studies conducted in more highly controlled laboratory environments are especially helpful in testing key propositions of these theories. Laboratory studies afford a level of control that is generally not possible in clinical trials of the therapies

outperform various control conditions (Levin, Hildebrandt, Lillis, & Hayes, 2012). Support was also found for defusion, mindfulness, and values-oriented interventions relative to inactive comparison conditions. Moreover, larger effects were found for interventions that included an experiential component (such as an exercise or discussion of a metaphor) relative to those that relied on rational discussion alone.

Clinical Trials

A rapidly growing body of literature documents the effects of psychotherapy programs that highlight psychological acceptance for a wide range of problems (Herbert, Forman, & Hitchcock, in pressa0. Most of these interventions consist of multicomponent packages and incorporate various combinations of techniques and strategies designed to enhance cognitive distancing, mindful awareness, and psychological acceptance, all in the service of behavior change (Herbert & Forman, 2011a). Over the past two decades, a number of psychotherapy models have emerged within the cognitive behavioral tradition that target these processes, while de-emphasizing direct efforts to change distressing cognitions. These models are often referred to as "third generation" behavior therapies, to distinguish them from "first generation" approaches originating in the 1950s and 60s that tended to de-emphasize cognitive factors and "second generation" models developed in the 1970s and 80s that stressed cognitive restructuring interventions (Hayes, 2004). Among the most popular of these models are Mindfulness-Based S5((Hh,2i 4tT5(MBSR; Kabat-Zinnng,)22( )]TJETEMC

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and that the methodological quality of ACT studies has increased considerably over the past few years.

Overall, the clinical outcome research on third generation models of CBT is highly promising. Indeed, a recent review suggests that each of the major approaches now meets the criteria set forth by the American Psychological Association as empirically supported treatments (Kahl, Winter, & Schweiger, 2012).

Treatment Mechanisms

We have already explored the importance of research on basic concepts and theories underlying psychotherapy models, as well as research on the effectiveness of the approaches themselves. A final area of research concerns the mechanisms by which treatments exert their effects. This line of inquiry connects directly with both the basic theory underlying psychotherapy mod-

acceptance, defusion, and values), and the results have been surprisingly consistent in supporting the meditational effects of these factors across a wide

limited, preliminary findings are encouraging (e.g., Forsyth et al., 2011; Muto, Hayes, & Jeffcoat, 2011; Johnston, Foster, Shennan, Starkey, & Johnson, 2010). A few noteworthy books that we have found both scientifically sound and clinically useful include [illegible] (Hayes & Smith, 2005), [illegible] (Addis & Martell, 2004), and [illegible] (Forsyth & Eifert, 2008).

There seems to be a synergistic relationship between psychological acceptance and values clarification, but research into the latter has lagged well behind the former. For example, in a world of limited time and resources, it can sometimes be challenging to reconcile competing demands, even when all are themselves value consistent.

Most of the scientific research to date has focused on treatment, with little work explicitly focused on the prevention of problems in the first place. Given the broad scope and transdiagnostic nature of the concepts and techniques in this area, as well as their emphasis on enhancing well-being, it is possible that these approaches may be useful in primary prevention. For example, perhaps regular meditative practice, learning to defuse from and embrace routine distressing experiences, or clarifying one's values and goals may prove protective against the development of psychopathology or other problems. Biglan, Hayes, and Pistorello (2008) propose that interventions targeting experiential avoidance might be useful in prevention programs for parent training, adolescent peer influence, substance abuse, depression, and burnout among those in high-stress occupations.

Despite the movement's trendiness, solid scientific research supports the idea that enhancing psychological acceptance can accrue significant benefits, both in terms of treating psychological problems and enhancing overall well-being. The area is ripe for further creative innovations, theoretical developments, and empirical research.

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