



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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ACCEPTANCE, PROMOTING OF

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Definition: Training a willingness to experience thoughts, feelings, and bodily sensations without trying to avoid or change them.

Elements: Discuss costs in the client's life of non-acceptance e.g. from harmful avoidance such as procrastination or drinking. Encourage contact with the present both within (e.g. ask someone reluctant to feel anxiety during pursuit of a valued relationship to allow each sensation felt when frightened to remain as it is and regard thoughts about those feelings as just thoughts or words) and without (be mindful of and accept external cues encountered while pursuing a value that elicits anxiety). Clients are encouraged to practice acceptance when distressing experiences impede engagement in valued action.

Related procedures: Exposure, mindfulness

Application: In individual or group ACT (acceptance and commitment therapy).

1st use? Hayes (1994) in ACT. Is also promoted in other therapies and in meditation and religious practices.

References:

1. Hayes SC (1994). Content, context, and the types of psychological acceptance. In SC Hayes, NS Jacobson, VM Follette, MJ Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (p13-32). Reno, NV: Context Press.
2. Hayes SC, Wilson KW, Gifford EV, Follette VM, Strosahl K (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64, 1152-1168.
3. Hayes SC, Strosahl KD, Wilson KG (1999) Acceptance and commitment therapy: An experiential approach to behavior change. New York: Guilford.
4. Luoma JB, Hayes SC, Walser RD (2007) *Learning ACT: An Acceptance and commitment therapy skills-training manual for therapists*. Oakland, CA: New Harbinger

Case illustration 1: (Blackledge unpublished)

Jill: "I can't think about this anymore - it just makes me too anxious". *Therapist*: "I know this is important to you, so let's see if we can just ease into this experience one piece at a time. Physically, where in your body do you feel this anxiety?" Jill: "My shoulders are tense....my stomach feels nauseous". "Let's focus just on that shoulder tension. Imagine you have a red felt-tip pen and are coloring in the exact area where that shoulder tension is and its borders Now, notice what quality that tension has. Is it a dull pain, a sharp pain, a tightness?.. Is there anything about that muscle tension ..- that you can't have? If so, can you let go of that resistance and instead let that muscle tension be there, on its own terms?" Jill assents to fully allow the tension to be there. Therapist moves onto other aspects of her experience of anxiety, one at a time.

Case illustration 2: (Blackledge unpublished)

Bill: "I'm so ashamed of what I've done, I don't know if I can face her". *Therapist*: "Your relationship with Joy is very important to you - and you and I know

that to maintain it you'll need to face her, and you'll probably feel ashamed when you do so. With that goal in mind, are you willing to stay with your sense of shame in here, right now?" Bill (after long pause): "Yeah, I'll try ..". Therapist (empathically): "Tell me about that shame you're feeling now. What thoughts come with it?.. Where does that feeling sit in your body - what sensations go with it?.. When a piece of that experience - a thought, a feeling, a sensation - shows up that you're unwilling to have, let me know, and we'll work through it."