

Content, Context, and the Types of Psychological Acceptance

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I have six major points to make in this chapter. First, *applied psychology has been too interested in changes in content at the expense of changes in context*. A large majority of procedures and techniques in applied psychology attempt to modify or eliminate psychological reactions such as undesirable thoughts, feelings, bodily sensations, memories, attitudes, behavioral predispositions, and the like. When the form or the frequency of these psychological events change in a "positive" direction we usually believe we have met the goal of psychological intervention.

There is nothing inherently wrong with this approach, but it has come to be implicitly viewed as the only way to produce a positive psychotherapeutic end. Changes in the context of psychological problems are equally important, if not more so. Such changes have been given relatively more weight by the non-empirical traditions within applied psychology. It is only quite recently that a number of empirical researchers have turned to the serious investigation of these methods.

My second point is that *psychological acceptance is one of the most important contextual change strategies*. The meaning of psychological events is found in the relationship between those events and their psychological context. The dominant context within which the mere presence of certain kinds of psychological events is held to be "a problem" is that of deliberate manipulation and control. In that context, apparently uncontrollable events can be much more threatening than they would be otherwise and unsuccessful control efforts can be extremely distressing.

These same psychological events in another context are no longer "the same psychological events." Their actual nature changes qualitatively when context changes. By establishing a posture of psychological acceptance, events that formerly were taken to be inherently problematic, become instead opportunities for growth, interest, or understanding. In other words, attention shifts from problems of historical content to problems of current functioning.

My third point is that *acceptance is of different types, and not all of them are psychologically healthy*. Sometimes, first-order change efforts, that is, a deliberate change in content, is quite desirable. As in the Serenity Prayer of Alcoholics Anonymous, the point is not so much to be committed to change or to acceptance,

but rather to have the wisdom to know when these different approaches are applicable.

My fourth point is that *we can derive from learning principles when psychological acceptance is likely to be most useful*. By carefully focusing change efforts in those areas where deliberate change is useful, and by using emotional acceptance methods in areas in which they are most applicable, we can look forward to greater psychotherapeutic success with a greater number of people. Many of our so called treatment failures are, I believe, failures of first-order change efforts being applied where they do not belong. First-order change efforts are dominant within the psychotherapeutic culture. When clients have had multiple treatment failures, a careful examination of their therapy histories often shows that all of these treatment failures are in fact failures of first-order change strategies. For that reason, acceptance-based procedures have particular relevance to clients who have failed to improve despite their best efforts in several treatment regimens.

My fifth point is that *the barriers to all forms of acceptance are verbal barriers*. In adults, conscious, deliberate, and purposeful change efforts are always guided by verbal rules. Such verbal involvement is part of why we label behavior with terms like "deliberate" or "conscious." Even being able to see that there is an alternative to deliberate change requires some loosening of the normal language system which overwhelms the psychology of most individuals. In the context of a panoply of interpretations, evaluations, plans, and verbal purposes, it is often hard to find room for or awareness of the simple human act of becoming more fully present with the psychological events unfiltered by these verbal entanglements.

My final point is that *radical forms of acceptance require a manipulation of verbal processes, but that less obtrusive forms of acceptance are possible*. Many of the acceptance procedures that have been developed are quite dramatic and intrusive. They can be quite helpful. But acceptance methods also apply in very short term or limited settings, such as very brief therapy, or in primary care settings.

The Overemphasis of Content-Oriented Change

There are several problems with first-order change efforts in psychotherapy. This is particularly so when the focus of these change procedures are the private psychological reactions of the individual (thoughts, feelings, and so on), rather than their overt behavior or their circumstances. These private events are perhaps the dominant focus of change-oriented procedures in psychotherapy. It is much more common to have a client complain of too much anxiety or too much depression, or disturbing thoughts, than it is for a client to complain of a skills deficit or of overt response accesses or deficits.

Why Private Events are the Usual Suspects

Private events are a reflection of our history. What humans feel when they have "feelings" is the past brought to bear on the present by the current situation. We are enculturated to talk about our history primarily in emotional terms. A person with a difficult or traumatic history is likely, of course, to feel feelings called things like

"anxiety" or "sadness." Because aversive histories produce "negative" emotions, there is a kind of logical error that is easy to commit.

The error goes something like this. If one's history were different, one's reactions would be different. Some reactions are conventionally more desirable than others: anxiety is bad, for example. If one's history were different, one's emotional reactions might be "better" than they are now. If they were better, that would be desirable. Therefore, the focus of therapy should be on these desirable changes.

The error in this kind of thinking is to equate the reactions normally produced by one's history with that history. Merely having positive psychological reactions does not mean that the *negative effects of a difficult psychological history have been removed*. We can see this in the extreme with clients whose psychopathology is in fact bound up in an attempt to achieve first-order change of these negative private events. The drug addict "feels better" when he or she is stoned. But this feeling is not the same as having a better history. When the drug wears off, the client is back where they started from, except now with the additional problem of a growing drug habit and of the loss of self-esteem associated with this form of psychological coping.

It is a reasonable goal to build a more positive history from the present forward. If this is done, the person might feel more pleasant things. But the key issue is not the emotional reaction. Indeed, the process of building a more positive history might over the short term produce considerable emotional discomfort.

The culture can be very supportive of repressive first-order change practices. For example, it is not uncommon for a person facing the sadness associated with a death in family to be told to think about something else, to "get on with life," to focus on the positive things, to try to pour themselves into work, or to otherwise avoid the aversive properties of an inherently aversive event. This kind of advice has the negative side effect of decreasing the ability of the individual to be present with their own psychological reactions in difficult circumstances. Grief is not an enemy of healthy living, even though it can be unpleasant to a gut-wrenching extreme.

The Costs of Non-Acceptance

The overemphasis on first-order change efforts by empirically-oriented psychotherapies inadvertently supports a kind of mass cultural illness, in which a main goal (often *the* main goal) of life is to have good feelings rather than bad feelings. Many healthy things in life do not feel good. There are natural tragedies in everybody's life; persons who are building intimate relationships will almost always find themselves facing feelings of vulnerability; the pervasiveness of human misery is not something that people can feel good about. Doing good and living good is not the same as feeling good. There are too many ways to take a shortcut to "good feelings" that are done at a cost of healthy living. Indeed, many forms of psychopathology are, at their core, these very short cuts. What is a phobia but a way of escaping fear? What is depression but a way of avoiding hurt, anxiety, or anger? What is drug abuse but a way of producing one emotion instead of having another?

An emphasis on first-order change as applied to private psychological reactions encourages people to live somewhere other than in the present. Humans have the capacity to construct verbally futures that have never been directly experienced. They can compare their present circumstances to a verbalized ideal or a verbalized conception of what is normal. They can then respond strongly to the lack of presence of an ideal, as opposed to the inherent aversiveness of what is actually present. All first-order change efforts contain within them an extended future that includes so called positive outcomes. When a person tries to get rid of anxiety and replace it with relaxation, for example, the person is interacting with the present moment in the context of a verbal plan that is tied to a verbal future that is quite different than the present. This future is not literally present of course. The past is no longer here, and the future is yet to come. What is present is not the past or the future, but the present verbalizations of the past and the future. What is present is the construction of another time frame than what is going on in the present moment. When the person enters into these temporal constructions, they can easily loose contact with what is actually happening now. Instead, the issue seemingly becomes what *will* happen, or what *has* happened—and both of these as literally conceived.

It is this entanglement with language that deadens and dulls contact with the present moment. Language has been the focus of the mystical wings of every major religious tradition. It is not by accident that monks chant, or repeat mantras, or try to answer inherent unanswerable koans, or are silent for years at a time, or practice non-analytic forms of meditation. All of these mystical and contemplative practices have as their central goal the loosening of the dominance of evaluative language about the past and the present. To the extent in psychotherapy that we encourage this domination of the constructed past and future over the experienced present, we have supported practices that limit the growth and health of individual human beings.

The result of improper application of first-order change efforts is needless trauma. In physical medicine "trauma" is the result of actual damage to the structure of the organism. Metaphorically, in a psychological sense, trauma occurs when events seemingly have created actual damage to the psychological life of the individual. Nothing can be more traumatic than the apparent life threatening quality of an intensely negative psychological event. When it appears as though one is about to be overwhelmed psychologically, trauma is likely. When pain or confusion or sadness appears in an intense way in the psychological life of an individual, and their only form of responding is to attempt to change these events, or to simply tolerate them without abandoning the change agenda itself, the individual has constructed the content of psychological event as a kind of threat to their survival. If I must not be anxious, and yet I am anxious, then something dangerous or even invalid has occurred. The trauma this causes goes far beyond the direct experience of the anxiety itself. This "should not be happening."

It is this combination of the *context of control* and the *presence of undesirable content* that creates much of the psychological trauma that individuals then struggle with.

If a person experiencing intense anxiety knew to experience it without struggle, they would find that the negative content is not inherently trauma producing. Pain is not equal to trauma. If someone exercises every day, very often they will feel aches and pains. This does not mean that they are doing something that is physically damaging. Similarly, if someone is open to the richness of their own psychological life, very often they will feel pain, but this does not mean that they are creating psychological damage by their psychological openness.

To the contrary, the real damage comes from people trying not to feel, think, or remember what they already feel, think, and remember anyway. That puts them in the untenable position of experiencing something, while at the same time holding that experience to be in some way inherently threatening to them and their survival as psychological being. That is the essence of psychological trauma.

Finally, I am concerned that the overemphasis on first-order change has needlessly increased our failure rates. Some of the everyday change efforts that the culture encourages us to engage in are harmless enough when people are facing fairly normal situations, and have fairly normal histories. There is nothing wrong with a little bit of relaxation, or a little bit of distraction when someone is feeling a little bit of anxiety. But someone with the more difficult history, who has experienced intense form of anxiety, can sometimes be caught in a downward spiral by these seemingly innocent change efforts.

For example, the person who responds to an initial panic attack by trying to make sure that the panic does not reoccur, is but a hair away from a downward spiral into panic disorder. One sure way to reduce the likelihood of anxiety is to avoid situations in which they occur, or to ingest alcohol, or tranquilizers, or to try to distract oneself or ignore one's own psychological reactions. If anxiety is bad enough to have to be avoided, anxiety is bad enough to be anxiety provoking.

The vigilance of the panic disordered person watching out for the least signs of anxiety, and responding to a normal twitch or twinge with a rush of panic, is an example of how normal change efforts can spiral people down into what we call psychopathology. Similarly, the obsessive compulsive person who tries not to think a thought, is not doing something fundamentally different than what the so called normal person does routinely, when they distract themselves or routinely think of something else. But for someone who *must not* think a negative thought, they *must* contact a verbal rule that is normally designed to help the person avoid the thought, but in fact produces it. It's not possible to follow a rule "do not think of X", without also thinking of X.

The paradox is this. If the need for first-order change efforts is not too great, they can occur in the realm of private psychological events without too much danger. But it is precisely when they are seemingly really needed psychologically, that persons have a hard time implementing them. And it is then that their failure causes needless trauma.

Some of our most intractable and challenging clinical cases can be thought of as challenging not the therapist, but this very system of first-order change. Yet, we

seem to have a hard time getting the lesson. Instead, empirical clinicians usually then try ever more elaborate and intense ways of producing first-order change. Whatever good these procedures do, the massive number of clinical failures that we know exist show that there is a serious problem in the widespread applicability of these methods.

It's time for the empirical clinical psychologists to face the likelihood that some of their cherished beliefs are in fact part of the problem. This present volume presents an alternative to that tradition. Admittedly, the data are not completely in. But those data that do exist suggest that many of our most difficult cases will respond if we take an entirely different approach. This different approach, however, is linked to an entirely different clinical agenda. This makes the alternative difficult to explain and initially difficult to understand, both for our clients and for empirical psychotherapists interested in learning it. But that very difficulty underlines that this alternative truly is *different*. This recognition is itself positive. Since the best predictor of future behavior is past behavior, our most difficult clients are unlikely to respond positively to more of the same.

Acceptance as a Contextual Change Strategy

In content oriented approaches the basic focus is that there is a problematic event, and that therefore our efforts should be to change the event itself. In context oriented approaches the formulation is still that there is a problematic event leading to efforts to change the event, but that very formulation is seen to be applicable only in a particular psychological context. Clinical efforts are focused then on changes in that context itself.

I will have more to say later about the nature of the context that supports deliberate change efforts. For now what I want to do is to show that acceptance versus first-order change are two different contexts, in which the formula "problem event therefore change the event" can exist (see Figure 1).

Consider a set of psychological events. Suppose we are dealing with the following: strong feelings of fear, intense physiological arousal, thoughts such as "I am going to die," and behavioral responses associated with escape or defense. This entire set of events can be glued together, verbally, under the label of a "panic attack" or "intense anxiety." In a context in which these events are taken to be problems, and in which change efforts are focused upon them, it is likely that these events will be construed in exactly that way. But in other contexts, very similar or even identical events (defined formally or topographically) will have different psychological functions. For example, if a person likes going to some of the most modern roller coasters, they are very likely to experience intense periods of fear, strong bodily sensations, thoughts such as "I'm going to die," and some of the behavioral precursors of escape or defense. Yet, people pay significant amounts of money for these psychological experiences.

There is little in the private psychological reactions of anxious, depressed, angry, or confused persons that need to be changed before a healthy and successful life can be lived. A posture of psychological acceptance, in which the goals of the individual is to get more fully present with what they feel and think and remember, and to bring

Content-Oriented Approaches

Event → Problem

Change the Event

Context-Oriented Approaches

Event → Problem

In a Context

Change the Context

Figure 1. The difference between content and context oriented approaches.

all of that with them into a successful pattern of adjustment in an overt behavioral sense, changes the negative content functionally, without having to change it topographically or situationally. It is not necessary for a person who is having a panic attack, to have fewer panic attacks, or to have less intense panic attacks. What is most important is that the person drain the trauma out of these so called panic attacks and begin living a valued life. If the person had a different purpose, namely that of psychological openness and healthy living, "panic" need not be viewed as one's own enemy, or an indication of the failure of one's life.

The paradox is this. In the context of deliberate change, fearsome content is inherently fearsome. In other words, in the context of deliberate change, difficult content is supported in its destructive function—all in the name of changing its form or frequency. In the context of psychological acceptance, fearsome content is changed functionally, even if no change occurs in its form or its frequency. When one deliberately embraces the most difficult content, one has transformed its stimulus function from that of an event that can cause change or avoidance, to that of an event that causes observation and openness. The paradox is that as one gives

up on trying to be different one becomes immediately becomes different in a very profound way.

Types of Acceptance

There are several domains of acceptance, psychologically speaking. We can break these down into personal domains on the one hand, and social or situational demands on the other. It is not appropriate to embrace acceptance efforts in all of these domains. Psychological acceptance is not the same as stoicism or rationalized helplessness.

Personal History

Within the personal domains we can distinguish four areas: personal history, private events, overt behavior, and self. Accepting personal history is the only sensible thing to do. Time is but a measure of change, and change goes in one direction. It goes from now to now. The nervous system similarly goes in only one direction. It too goes from now to now.

Because of the ability of language to produce that which has never been experienced and to categorize events and ways that allow them to be compared to conceptualized ideals, it is easy for humans to get caught in the idea that there is something *wrong* with their history, or that something *needs to change* in their history, before they can live a happy, committed, and successful life.

We are historical organisms. Our psychological problems always emerge from our history in interaction with the current circumstances. Thus, it is the most natural thing for people looking at their problems, to imagine that if their history had been different that their problems would have been different. In some sense, this is literally true. It is also completely useless since all changes are additive—never subtractive. No one has found a way to live a different childhood or to have a different set of experiences than one has already had.

Time and the human nervous system always goes “forward,” in the sense that what comes after includes the change from what went before. The only thing we can do is to build our history from here. Our history from here can of course be quite different than the history that brought us here. But even then, all we will be doing is adding to the development of the individual. We will never subtract from one’s development.

A person who has been raped, or who has had his or her parents die, or who has been the object of cruelty, naturally wants to have this history in some way removed. It is natural, because we as verbal organisms can compare these set of circumstances to a conceptualized ideal. But there is no way to accomplish this end, and if there were, there would be nothing to prevent all humans from having nothing but sugar sweet histories without the depth and humanity that comes from suffering. Life asks a question of all of us: whether or not we are willing to contact more fully the psychological reality of our own history.

Any efforts to diminish that can be inherently damaging, because it suggests that the person cannot start from where they are. It suggests that there is something

inherently “wrong” with the individual and the individual’s history. That is an extremely damaging place from which to work with people who have psychological difficulties. A much more secure place to work, is a place from which details of one’s history are valid, meaningful, important, and embraceable, no matter how difficult the content.

Private Events

A second area is that of private events, such as emotions, thoughts, behavioral predispositions, and bodily sensations. Here, the picture is more complex. Some private events surely can be changed deliberately, and it might be quite useful to do so. For example, a person might feel weak or ill, and by going to a doctor discover the source of these difficulties and ideally have them treated successfully. But psychologically produced private events very often do not work in this way. Deliberately trying not to think something is usually a fool’s end. Deliberately trying not to feel something can often set up conditions that produce more of that exact emotion. In a later section we will try to distinguish the learning principles that suggest when change efforts and acceptance efforts are most likely to be useful in this domain.

Overt Behavior

A third domain is overt behavior. Most often, but not always, deliberate change efforts are useful and reasonable in this domain. There is nothing in psychological acceptance strategies that suggests that we should “accept” our own maladaptive behavior. Psychological acceptance is not about justifying or explaining away difficulties. In fact, the whole purpose of psychological acceptance is to harness the person’s capacity for deliberate change to the domains in which this effort is useful by not tying them to areas in which it is not.

Sense of Self

The fourth area is the area of self. Because we are dealing with issues of acceptance and change, the only senses of “self” that are relevant here are those that involve knowing by the person involved. We cannot avoid or accept that which we do not know. This puts aside many meaningful senses of the term “self” such as self as integrated repertoires of behavior, or self as a physical body. When limited in this way, there are three senses of self: self as the content of knowing, as the process of knowing, and as the context of knowing.

The conceptualized self. The ability to engage in derived relational responding, which is the essence of human verbal behavior (as will be discussed later), means that we can derive relations between our ongoing unified stream of behavior and a panoply of categorical concepts. We can evaluate, interpret, predict, explain, rationalize, and otherwise interact verbally with our own behavior.

The set of verbal relations of this kind is what I mean by “self as content.” This is our “conceptualized self.” We try verbally to make sense of ourselves and to put our own histories, behaviors, and tendencies into a conceptual scheme. Because we

have a history of applying verbal concepts in systematic ways (e.g., we learn to be "right," "correct," and "coherent") as we conceptualize ourselves we enter into a conspiracy to distort the world to fit these conceptualizations. If a person believes him or herself to be "confident," there is less room to contact directly instances of behavior that could more readily be called "insecure." To admit to contradictory evidence as readily as confirmatory evidence would be not to care about whether one is correct. Because that is unlikely, it is not possible to believe a "conceptualized self" without an associated tendency toward self-deception.

The conclusion this leads to is ironic. Clients come to us with a story about their problems and the sources of those problems. If this story is accepted by the client as the literal truth, it must be defended, even if it is unworkable. "I am a mess because of my childhood" will be defended even though no other childhood will ever occur. "I am not living because I am too anxious" will lead to efforts to change anxiety even if such efforts have always been essentially unsuccessful.

Direct contact with the events in the present is not possible in the presence of a defended set of verbal beliefs. It is also not possible in the context of literal disbelief, since disbelief too must be defended and justified verbally. I will have more to say about this shortly.

Acceptance of a conceptualized self, held as a literal belief, is not desirable. If the story is negative, accepting it is tantamount to adopting a negative point of view that, furthermore, is to be defended. If the story is positive, facts that do not fit the tale must be distorted. In either case, the effects are negative. In *Acceptance and Commitment Therapy* (Hayes, 1987; Hayes & Wilson, 1993, in press) we suggest that clients should "kill themselves everyday"—meaning that literal evaluations and categorization about oneself are better left to die as fast as they pop up.

Self as a process of knowing. Self as the process of knowing is necessary for humans to live a civilized life. Our socialization about what to do in life situations is tied to the process of verbal knowing.

Emotional talk is perhaps the clearest example. Consider, for example, the training that goes on in forming equivalence classes between the fuzzy set of bodily sensations, behavioral predispositions, thoughts, environmental situations, and the arbitrary name for a "emotion." Human emotion is a complex set of events tied together by strands of verbal behavior. Humans have emotions that non-verbal organisms would not know to have.

When the verbal community wants to know about a person's history and response tendencies, the requested information is largely in emotional terms: "are you thirsty?" or "are you upset about something?" Such conditions emerge from complex and largely unknown histories, but their common emotional effects have fairly consistent response implications. A person who is not able on an ongoing basis to describe and categorize their own behavior has difficulty linking their socialization about what to do in life with the highly individualized and changing circumstances they find themselves in.

A person who has had a deviant history that did not give rise to self as an ongoing process of knowing will have a hard time living a successful life. For example, suppose a young girl has been sexually abused for many years by her father. Suppose expressions of emotion associated with the aversiveness of this experience are consistently reinterpreted, ignored, or denied. The person would have a hard time "knowing what she was feeling" and as a result would have a hard time telling others how to treat her. A similar effect occurs when, as described above, people are unwilling to have certain reactions. Suppose a person is unwilling to feel feelings called anger (e.g., because "people who get mad explode and act destructively. I don't get mad."). Such a person will distort their process of knowing so that even when a verbal category applies by social convention (i.e., the person could readily call their responses "anger") they will fail to apply it ("no, I'm not angry at all. I'm just amazed by what you are saying.") The end result is that the person has little effective guidance from the verbal community about how to behave, and is unable to guide those around them about their own histories.

It is inherently constraining to take the *content* of one's verbalizations to be who you are. An effective human life requires a healthy sense of self as an ongoing process of knowing oneself. This includes being fully in contact with conceptualized selves, not as content but as process (i.e., "now I am saying x, y, and z about my self" instead of "I am x, y, z").

Self as context. The final aspect of self—self as the context for knowing—is the one that is most often ignored. In order to have the ability to report events verbally, it is necessary to develop a sense of perspective or point of view. If I ask you what you did yesterday, I have to be able to trust that the report is made is from a perspective or point of view that is consistent and predictable.

Very young children have a hard time with this. If a very young child is asked what someone else in the room sees, the child would likely report what he or she sees. The child has not yet learned to imagine having some other perspective or point of view and has not thereby learned to be clear about one's own perspective or point of view.

If I ask many, many questions of a person, the only thing that will be consistent is not the *content* of the answer, but the *context* from which the answer occurs. "I" in some meaningful sense is the location that is left behind when all of the content differences are subtracted out. Children learn this sense of perspective, and learn to label it "I." When you close your eyes, this enculturation produces a sense of location behind your eyes, for example. It is a kind of pure consciousness—a place from which events are known independently of the specific content of events.

This is the sense of self that is most closely related to concepts of spirituality or transcendence (Hayes, 1984). It has these qualities, because consciousness is not thing-like for the person being conscious. All things have limits—that is how they are distinguished from anything else. But one can be conscious of the limits of everything except one's own consciousness. For that reason, the sense of perspective or self as a place from which things are observed does not change once it emerges

around the age of three or four. It is everywhere you have ever been so far as you know. It has no limits you have been able to knowingly experience directly. Thus, it is not thing-like, but instead is everything (that without limits) or no-thing (also that without limits). "Spirit" is a perfectly reasonable term for the experience.

It is not too difficult to help clients experience the essential connection between the person they are today and the person they were last summer, and the person who was once a teenager, and the person who was once four. People literally can remember "being behind my eyes" in each of these ages and situations. This sense of self as pure consciousness, or of self as context, is critical, because it means that there is at least one stable, unchangeable, immutable fact about oneself that has been experienced directly, and is not just a belief or a hope or an idea.

The only sensible thing to do with self as context is to accept it, since any verbal behavior is based upon it and we cannot function as nonverbal organisms. If I try to become unconscious to get rid of this sense of self as context, a conscious "I" will be aware of this very attempt. Sometimes very disturbed people try to get rid of self as context by splitting or by dissociation. This is a form of emotional avoidance so massive that it has profoundly negative consequences. If I cannot integrate one moment with another under a continuous "I" as a location (e.g., as in a multiple personality disorder) I cannot readily access my own history verbally.

Self as context is important for another reason. It is self as context that permits other important forms of acceptance. It is the stability and constancy of self as context that allows a client to enter into the pain of the maelstrom of their own life and their own difficulties, knowing in some deep way that no matter what comes up, they will not be changed.

Social and Situational Domains

Social and situational domains present some of the same complexities in personal domains. When we are considering the domains relevant to other persons, we can consider the acceptance of other's personal history, private events, overt behavior, or sense of self.

Once again, acceptance of others' personal history seems to be the only reasonable course available, since history is not changeable except by addition to what is. It is only changeable *from now*, not *to then*. In the area of private events, acceptance of others' emotions, thoughts, behavioral predispositions, bodily sensations, memories and so on, is the defining characteristic of a loving stance towards other people. Nonacceptance of others' private events is an inherently non-validating position, a point long made by experiential and humanistic psychotherapies (Perls, 1969, 1973; Rogers, 1951, 1961, 1965).

In the work that we do in ACT we often attempt to make this point by creating in imagination examples of the person's own children, or of other children who are having undesirable private events. For example, the person may imagine their child standing in front of them afraid. Usually, the person is ready to be loving and accepting. If asked "can you love this child even though the child is afraid?" the

answer is usually "yes." Most adults are prepared to believe that it is wrong to punish a child for being afraid or for having self doubts. Yet, when it applies to themselves as adults, they may be quite ready to do exactly that. If themselves as adults were standing their afraid, the usual initial response is rejecting and critical.

Acceptance of others' overt behavior is sometimes called for, but often change is equally appropriate. Acceptance is called for when the efforts to change overt behavior of others undermines other features of the relationship which are important, and when the behavior itself is unimportant. For example, it may not be worth the effort it would take to prevent a spouse from leaving underwear on the bathroom floor. But it is also possible to error on the other side of this issue when the behaviors are not trivial, as when we support other people in doing things that are not workable for them in the name of "relationship." Often the decision not to try to change the overt behavior of others even when change is called for, is a kind of emotional avoidance. For example, a spouse may be unwilling to face their own emotional reactions or their emotional reactions associated with their spouse's emotional reactions, if legitimate efforts were made to change the other person's behavior. Often this avoidance is in the name of the relationship, but in fact it contributes to a dishonest relationship.

In the area of situations, change is usually a reasonable context from which to work. The exception, of course, are situations that are inherently unchangeable. A person dealing with a assuredly fatal disease (such as a person with AIDS), or with the death of a spouse, is dealing with an unchangeable situation, and acceptance is the only reasonable course of action. When situations are changeable, however, first-order change efforts are usually called for. Ironically, these are made more difficult because they may require acceptance of one's own reactions to the change efforts. People are far less powerful in their manipulation of their situational constraints in part because they would have to face issues of embarrassment or fear of other psychological issues in order to confront these changeable situations.

When Acceptance Is Likely to Be Useful

The times when acceptance or change is most likely to be useful can be derived in part from learning principles. It is useful to distinguish six different situations as is shown in Figure 2. In column 1 are nonverbal processes that are similar to classical conditioning. In the right hand column are those verbal and nonverbal processes that are similar to operant conditioning. There are three rows consisting of one row in the nonverbal domain and two rows for speaker and listener functions in the verbal domain.

In the nonverbal domain we are talking directly about normal classical and overt conditioning. The verbal domain requires a bit more discussion. In several recent articles I have argued that the essence of verbal behavior is the learned ability to relate events bidirectionally and combinatorially, and to transform the stimulus functions of related events in terms of the derived stimulus relations they participate in (Hayes & Hayes, 1989, 1992b; Hayes, 1994).

Types of Psychological Adjustments: Some Examples

	Two-term Contingencies	Three-term Contingencies
Direct	Normal Classical Conditioning	Normal Operant Conditioning
Speaker	Verbal associations	Rule- formulation; Problem- solving and reasoning
Derived	Verbal elicitation	Rule- following; Believing
	Listener	

Figure 2. Six types of psychological adjustments

The process begins in very early childhood. Children are taught that a name stands for an object, and an object is called the name. This simple bidirectional relation between a "word" and an event is trained many thousands of times with many thousands of different examples. Data from our laboratory (Lipkens, Hayes, and Hayes, 1993) show that children as young as sixteen months have acquired a generalized relational ability such that stimulus directions taught in one direction are derived in the other. For example, if the novel object is given a novel name, even sixteen month old babies will then be able to orient towards the object given the name, *without additional training*.

These derived stimulus relations become increasingly elaborated with experience. For example, very young children will learn that if a novel name is used, it probably refers to a novel object rather than a familiar object. In the study just mentioned, we were able to show that before two years of age, children would take advantage of this learned ability to perform a bidirectional relation between a novel name and a novel object such that the child not only knows that the name probably refers to the novel object, but the child will also begin to call the novel object by that name. By three years of age, these bidirectional "relational frames" can be combined to form networks of relations and stimulus functions given one related event will be available, transformed by the undefined relation, to all the members of that network. For example, children will smile at positive descriptions and cry at negative descriptions of events, even though nothing positive or negative has ever happened directly in association with these descriptions, and even if the descriptions are related only through several verbal intermediaries to the actual events that have positive or negative functions.

Not only does the ability to construct extended networks increase, but the kinds of underlying relations increase as well. Children learn relational frames of cause and effect, or comparison, or time, and the effects of the increasingly verbal world they live in are transformed accordingly. For example, very young children can be told that after a particular task, a particular consequence will immediately follow, and this instruction, quite apart from any direct experience with the described contingency, can control behavior for a brief period of time. Older children can have the same kind of description made with events that are much more remote in time and more probabilistic. As a result, present behavior becomes related to increasingly abstract, derived, remote, and probabilistic consequences.

This thumb nail sketch of a behavior analytic approach to verbal knowing, or "cognition," has a large body of literature supporting the basic concepts (see the following book length reviews: Hayes & Chase, 1991; Hayes, 1989; Hayes & Hayes, 1992a; Hayes, Hayes, Sato, & Ono, 1994). The big impact of these derived stimulus relations occurs when stimulus functions are transformed through derived stimulus relations because it means that ones verbal history transforms the functions of the nonverbal world. For that reason, the bottom rows in Figure 2 are distinct from the top two.

We can divide verbal functions into speaker and listener aspects. In the speaker verbal functions that are like classical conditioning we find verbal associations—in this case an element in a verbal network is present because of a direct history with related events. For example, if a person raised in the United States were to hear the words "Mary had a little," it's very likely that what they will say or think of is "lamb." This reaction in some sense is automatic.

I sometimes ask my clients to try to think of something other than lamb in association with "Mary had a little." I then say "Mary had a little," and people answer various kinds of things, such as "guitar", or "Volkswagen." When you ask whether

or not they successfully accomplished the job, they find that even when they have been thinking about guitars or Volkswagens, they first had to think the word "lamb."

In the case of the listener, similar things occur. If I say the word "lemon," a person is likely to think of a sour fruit. Thinking of a sour fruit in association with the word "lemon," is on some sense not a voluntary or operant behavior. Once it is well established, it's automatic. In the operant column, speaker functions consist of relational activity that is controlled by its consequences. Problem solving and reasoning are two examples. On the listener's side it includes following rules because of the consequences associated with rule following. It also includes acts of belief based on the logical (relational) nature of the rule.

This three by two diagram divides the world in a way that allows us to ascertain when acceptance or change methods might be called for. In general any conscious, deliberate or purposeful attempt to regulate or change anything is an instance of speaker and listener verbal functions that emerge from the operant side of this diagram. Deliberate change efforts involve operant-speaker and listener functions, and they can usually be applied to operant behavior or its verbal correlates.

Classical conditioning processes are much less likely to be successfully governed by the *consequential aspects* of verbal rules. These processes are not "purposive." The problem is described above in the example of "Mary had a little lamb." Verbal associations, verbal elicitation, normal classical conditioning processes are not matters of operant choice.

Simply put, the left hand column is much less likely to yield to first-order change efforts in any simple or direct way, as compared to the right hand column. The problem for verbal organisms, however, is that any content quickly becomes verbal content. When anything happens to people they are likely to talk with themselves or others about it. They are likely to apply verbal categories to these events. Thus, any content becomes verbal content, and any verbal content can cue deliberate verbal regulatory processes. Thus, any of the nonverbal or verbal respondents that are represented in the left hand column can become entangled in verbal rules about what is good or bad or what is desirable or undesirable—and change efforts can quickly be directed towards these conceptualized events.

Some Examples of Times When Acceptance is Useful

Acceptance seems called for when one of five things occurs. First, the process of *change contradicts the outcome*. Much as one cannot earn a lasting peace through the means of war, it is not possible to earn self acceptance by criticism and deliberate change, or to learn peace of mind by rejecting negative thoughts, or to eliminate disturbing thoughts by thinking about how to get rid of them. If a person tries to earn self acceptance by change, a paradox is created. The person may believe that they will be an OK person when they change, but the very fact that they need to change reconfirms the fact that they are not an OK person.

The second instance when acceptance is called for is when *change efforts leads to a distortion, or unhealthy avoidance of, the direct functions of events*. For example, a person

may construct their childhood as a happy one, even if it means that they cannot recall the events of their childhood clearly. To recall them clearly might challenge the verbal categorization.

A third situation in which acceptance is called for is one in which *social change efforts disrupts the social relation or devalues the other*. Even though the specific event might be changeable in principle, it may undermine the very reason why the person would be interested in seeing the other person change. That is, sometimes it is better just to let go of being right about trivial matters in the larger interest of supporting the relationship with another person.

A fourth situation is one in which the *outcome ultimately cannot be rule governed*. It is not possible to be experienced merely by following rules. Many things have to be learned by doing. Hitting a baseball, or falling in love are very unlikely to be successful if the actions are too heavily rule governed.

The final situation occurs when the event is unchangeable. It may not be fair that one's father was killed, but no amount of attempting to change it will be successful.

Barriers to Acceptance Are Verbal

There is nothing in the top row not to accept when we are dealing with the personal domains in nonverbal organisms. It does not seem possible for a dog or a cat to fail to accept their history or their emotions or memories—even though they have all of these. When events become verbal, their truth or falsity becomes involved. Any literal belief to some degree demands either change or defense—that is, it demands something other than what we mean by acceptance. But since a verbal organism can bring verbalizations to bear on everything in the personal domain, it seems that acceptance is difficult or impossible without an alteration of verbal processes. Essentially, to achieve acceptance in a radical sense we have to find a way of moving some of the lower rows in a verbal organism into a state that is somewhat more like the upper row in a nonverbal organism.

Some of the verbal barriers to acceptance include reason giving, evaluation and literality. In the case of reason giving, some sort of story is formulated explaining one's own behavior. This leads to nonacceptance, because of the larger history that we have of giving good reasons for what we do. If acceptance would make room for bringing into the present events that would contradict one's own stories about one's life, then acceptance would mean that one's reasons are in some sense invalidated. Similarly, any action of belief or disbelief, or evaluation in terms of good and bad or right and wrong, suggests a polarity that cannot be held simultaneously. What is true rejects that which is false; what is right rejects that which is wrong; what is good rejects that which is bad. But since verbal categories can be applied arbitrarily, even the most coherent and sensible story or evaluation excludes, and must exclude, many of the verbal formulations that could be applied to any event.

The problem can be seen in Figure 3. As one moves up onto a continuum of belief or disbelief, or truth or falsity, one moves away from direct contact with the

Belief and Experiential Openness

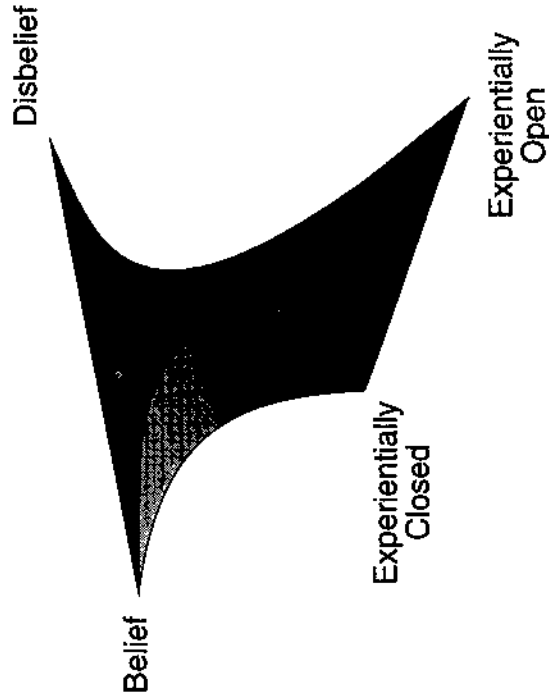


Figure 3. The relation between behaving on the basis of literal belief-disbelief and relative openness to direct experience. This figure argues that in order to be more fully open to the direct functions of events, the dominance of their verbally derived functions must weaken.

present moment and all of its complexity. In other words, the degree to which we are fully open to our own experiences must suffer. I sometimes ask my clients to describe something that is happening now. Whatever is described, however, was happening a moment ago, not now. Most talk does not even pretend to be in the present, as when we busily evaluate the past and consider our future. The ongoing verbal process is always in the present but the literal verbal content is never in the present. Thus, acting purely on the basis of the literal verbal functions of events necessarily moves human out of contact with the here and now.

A final barrier is worth mentioning. In addition, our stories and evaluations are used to manipulate the behavior of others. Thus, another barrier to its acceptance is that acceptance essentially lets others off the hook or opens oneself up to an inability to manipulate others through our verbal tales.

The Nature of Acceptance

In a nontechnical sense, psychological acceptance involves experiencing events fully and without defense, as they are and not as what they say they are. In a more technical sense, it involves making contact with the automatic or direct stimulus functions of events, without acting to reduce or manipulate those functions, and

without acting on the basis solely of their derived or verbal functions. When this action is put into the context of meaningful choices about behavior, it is a means to an end. When accept in order to live a more vital life.

There is a continuum of acts of acceptance. At the lowest level, resignation and toleration are initial steps along the continuum, but they are heavily contaminated by a context of change, and by the literal meaning afforded to the events. At a higher level, acceptance involves the deliberate abandonment of a change agenda in situations in which that agenda does not work. At another level, acceptance involves emotional or social willingness, that is, the openness to one's own emotions or the experience of being with others. At an even higher level, acceptance involves deliteralization: the defusion of the derived relations and functions of events from the direct functions of these events. As one moves far enough along the continuum into the domains of emotional willingness and deliteralization, it is possible to begin to stay in the present, and to do what works even with all of the psychological events that one has been previously struggling with and trying to change.

Thus, radical forms of acceptance require a manipulation of verbal processes. Less intrusive forms are possible, however. It is still meaningfully an acceptance strategy to allow a mate to engage in behaviors that one finds to be a minor irritation. A more radical form of acceptance in this case would require manipulation of verbal processes, such that a person was able to be more fully present with their own sense of irritation in association with the habits and patterns of their loved one. But it is not necessary in all cases to work heavily on the defusion of individuals from their thoughts or with the active embracing of previously difficult emotional or other psychological material.

These lower forms of acceptance are the kinds that are readily available for time limited circumstances. I have been surprised how often people who have had a very first panic attack, or who have had a tragedy in their life, are open to acceptance-based strategies long before they develop the signs and symptoms of a psychopathological condition that is full-blown. The panic attacks need not turn into panic disorder, and tragedies need not turn into depression. We can intervene early and effectively with fairly limited acceptance strategies. Often simply opening up the option of feeling what one feels, thinking what one thinks, and putting one foot in front of the other so as to do what needs to be done is a revelation to clients. Clients come in thinking that they have to win the war with their own psychology. They simply have not known how to do so. Often it is a relief when they find out that no one else knows how to do so either, and furthermore, winning war is unnecessary.

Conclusion

This chapter has not covered the many techniques that are available to achieve psychological acceptance. We have worked for nearly fifteen years on such procedures (see Hayes, Strosahl, and Wilson, in press for a detailed description of ACT. Shorter descriptions are available in Hayes, 1987; Hayes & Wilson, 1993, in press; Kohlenberg, Hayes, & Tsai, 1993). Other chapters in this volume show some of the clever ways that acceptance methods are being used. My point in this chapter has

been that it is time to take these methods seriously, and to achieve a better balance in the empirically oriented psychotherapies between acceptance and change.

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- Preparation of this chapter was supported in part by a grant from the National Institute on Drug Abuse, #DA08634.*

The Elusive Nature of Acceptance

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In the preceding paper, Steve Hayes describes a very elusive phenomenon from both the perspective of practical clinical intervention and basic scientific theory. This is no easy task, and this paper makes several strong inroads towards an integrated account of acceptance.

Defining Acceptance

Defining acceptance was a critical issue discussed throughout this volume. Hayes' definition is particularly interesting to me because it has strong appeal at both a clinical and a theoretical level. The definition is as follows: "Psychological acceptance involves experiencing events fully and without defense, as they are and not as they say they are." This statement seems to be both a definition and a goal. As a definition, it has the same face validity as definitions offered for processes such as defense mechanisms. As a goal, the statement represents what many practicing clinicians would endorse as a "psychologically healthy" stance with respect to life. Intuitively, the full experiencing of events would seem to lead to much more effective actions with respect to these events. At a practical level, this definition/goal seems to be a solid bridge between theoretical contextual approaches and mainstream psychological therapies. This bridge is especially important in view of the gap between theoretical/research oriented psychologists and practicing psychologists. Hayes' paper and the scope of this entire volume has been to embrace an essentially clinical term and attempt to deal with it in a theoretically and empirically credible manner. However, like most clinical terms, acceptance intuitively makes sense, but is difficult to pin down. From a scientific/empirical perspective clinical terms are elusive. Acceptance seems to be no exception. Hayes' definition may prove more troublesome to clinical researchers than it does to practicing clinicians. Clinicians seem more comfortable with elusive phenomena. The goal of science is to reduce elusiveness. A standard scientific approach would most certainly raise the question as to how one would decide when another was engaging in acceptance. Hayes' definition does not meet the criteria for the type of operational definition commonly associated with methodological behaviorism and practical behavioral research. It is just not that kind of definition. Hayes' handling of the theory behind his use of the term acceptance is a prime example of an operational definition from a radical behavioral perspective (Skinner, 1945). Acceptance is theoretically defined in terms of core principles of behavior analysis.