Acceptance

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Acceptance Entry

Synonyms: Willingness

Definition: An on-going quality of behavior that reflects a willingness to experience unwanted psychological experiences, such as pain, without defense, in the present moment.

Introduction

The word acceptance has philosophical and religious roots that span millennia. In more contemporary times it appears within many varied approaches to psychological therapy and has become increasingly prominent (Williams and Lynn, 2010-2011). Within the field of chronic pain, however, the term most frequently appears in association with the form of cognitive behavioral therapy called Acceptance and Commitment Therapy (ACT) where acceptance is one of six interconnected processes (Hayes, Luoma, Bond et al., 2006; Hayes, Strosahl & Wilson, 1999; Ruiz, 2011). ACT is a contextual cognitive behavioral therapy and, in common with other approaches such as Mindfulness (Kabat-Zinn, 1990) and Dialectical Behavior Therapy (Linehan, 1993), it emphasizes behavior change and qualities of daily functioning rather than symptom reduction (Hayes, Villatte, Levin et al., 2011). A key distinction in ACT and these other approaches is the difference between the form versus the function of experienced events. From a "functional" perspective psychological experiences, such as pain, are not seen as being problematic in their form alone but rather in the processes by which they influence an individual's behavior and, thus, their participation in life.

Pragmatic, functional, and contextual approaches, such as ACT, can be especially useful in working with long term health conditions where consistent symptom reduction is often unobtainable. In such situations moments spent wrestling for control over symptoms often have an ironic quality. In these moments the influence of symptoms on behavior is actually increased and not decreased as intended, and a quality of connection with other goals or engagement in "normal life" can be lost. Acceptance can neutralize these ironic processes.

Characteristics

Expanded Definition

Similar to everyone, people experiencing chronic pain engage in behavior patterns that are natural and automatic given their circumstances. Many of these behaviors aim to avoid, control, reduce or allow escape from unwanted experiences. This kind of behavior can take place in relation to physical sensations associated with pain as well as other psychological experiences such as thoughts, feelings and memories that are painful. While entirely understandable, behavior of this kind is often unsuccessful in controlling experiences. In addition such behavior often incurs additional costs. The dominance of avoiding unwanted experiences can narrow the range of behavior options, blocking other potentially more successful behavior and reducing quality of life. In fact, experimental and clinical evidence indicate that attempts to control the frequency or form of psychological experiences is difficult, and it can actually result in paradoxical increases in their occurrence and their impact (Hayes & Gifford, 1997; Wenzlaff & Wegner 2000). Acceptance is at first an unusual and even counter-intuitive approach to take toward pain and other distressing psychological experiences, and at the same time it provides an alternative to the potential problems that emerge from the more avoidant and control focused behavior patterns highlighted above.

Acceptance is defined as an active, on-going, purposeful, quality of behavior that involves a willingness to experience psychological experiences, in the present moment, and without defense. The term is notoriously easy to misunderstand and a few distinctions can help. Acceptance is not a mental act. It does not reside in thoughts or beliefs. It is not a one time act of saying, "I accept this." It is an act of the whole person. It involves ongoing moment-by-moment acts of openness to experiences that might otherwise invite resistance, defense, or refusal. Acceptance is typically found in the coordination of patterns of behavior around unwanted experiences. If what is coordinated is avoidance or struggling for control of these experiences, this is not acceptance. If what is coordinated is engagement in goals and normal life activities at the same time that unwanted experiences are being contacted, this is acceptance. In fact, it appears that the best way to consider acceptance is as having two components: one of these is engaging in activities while pain is present and the other is refraining from attempts at avoidance (McCracken, 2010).

Evidence for acceptance

Over recent years evidence for the utility of acceptance within chronic pain management has grown steadily in experimental research, clinical studies and treatment outcome data. More detailed information on this body of work can be found in recent review papers and chapters (e.g. McCracken & Vowles, 2006; Thompson & McCracken, 2011; Vowles & Thompson, 2011).

Experimental, laboratory-based, research in this area often involves healthy subjects without chronic pain. Here participants may receive transient pain stimulation, for example during cold-pressor tasks. In research of this kind different experimental groups are given different instructions or brief training experiences while pain tolerance or task persistence is assessed. In some conditions participants might be asked to distract themselves, or to attempt to suppress or control the pain, while others are encouraged to respond with willingness to experience painful sensations. The growing body of work in this area suggests that acceptance-oriented instructions are more successful than distraction, suppression, or control techniques, particularly with respect to pain tolerance measures or persistence with experimental tasks.

In clinical settings many studies have examined the relationships between measures of acceptance and reports of daily functioning in patients seeking treatment with chronic pain. Overall results from these studies suggest that higher levels of acceptance are associated with lower levels of pain intensity, depression, pain-related anxiety, physical and psychosocial disability and higher levels of daily activity and overall well-being. Recent research has also compared the utility of acceptance with other more traditional psychological variables thought to be important in this area such as attention, anxiety sensitivity, coping and catastrophizing. Preliminary results suggest that levels of acceptance are better than most of these more traditional variables at predicting patient functioning. This suggests that research in these others areas might be enhanced by a closer understanding of the developing evidence base surrounding acceptance.

There is increasingly robust evidence for efficacy of acceptance-based treatment in the area of chronic pain. The first randomized trail was published in 2004 (Dahl, Wilson & Nilsson, 2004). Results of treatment often include reductions in measures of disability, depression, pain-related anxiety and distress along with improvements in measures of physical functioning and performance, and reduced health care use. For example, one recent study suggested that 75.4% of patients demonstrated reliable change in either disability, pain-related anxiety, or depression while 61.4% showed reliable change in two or more of these areas (Vowles & McCracken, 2008). Notably, these treatments do not target acceptance alone but also the other processes from the ACT model, such as values, committed action, and others (see McCracken, 2005 for more details). Research has been carried out in both adult and adolescent populations. While much of this research has involved

group-based interdisciplinary treatment with highly disabled individuals, there are also trials of treatment delivered individually and in the form of a self-help book with limited therapist support (Johnston et al., 2010). The status of this evidence base is now such that ACT is regarded as having 'modest research support' by the Society of Clinical Psychology within the American Psychological Association (APA, Division 12; "Society of Clinical Psychology," 2011).

Wider Psychological Model

Acceptance is only one of six inter-related processes within the psychological model proposed by ACT. The other five processes are: cognitive defusion, contact with the present moment, self as context, values, and committed action (see figure 1). Together all six processes entail 'psychological flexibility': an ability to be fully connected to the present moment and from there to be able to either maintain or change ones behavior to pursue one's goals and values according to what the situation directly affords. It is likely to be most useful to see acceptance within this wider context and not in isolation. Acceptance is not the complete answer to most behavior problems. It is also not an end in itself. It does, however, provide, in combination with other processes of behavior change, a pragmatic means for individuals with chronic pain to move towards the things which matter most to them in their lives. As mentioned, evidence for the wider set of processes, in combination with acceptance and by themselves, is growing (Thompson & McCracken, 2011).

Figure 1: The relationship between acceptance, psychological flexibility and related processes.

Measures of acceptance

CPAQ: The Chronic Pain Acceptance Questionnaire is the measure most frequently used in the assessment of acceptance within chronic pain populations (McCracken, Vowles & Eccleston, 2004). It is a 20-item scale consisting of two sub-scales: Activity Engagement and Pain Willingness. Activity engagement measures participation in activities with continuing pain (e.g., "I lead a full life even though I have chronic pain") while pain willingness assesses an individuals capacity to have pain without attempts to avoid or control it (e.g., "Before I make any serious plans, I have to get some control over my pain"). A recent systematic review confirmed the status of the measures internal consistency, construct validity and reliability (Reneman, Dijkstra, Geertzen, & Dijkstra, 2010). The CPAQ has been translated into a number of languages including Cantonese, German, Spanish and Swedish. An adapted version of the measure for adolescent populations has also been developed (CPAQ-A; McCracken, Gauntlett-Gilbert & Eccleston 2009).

AAQ-II: The Acceptance and Action Questionnaire-II (Bond, Hayes, Baer et al., 2011) is a broader measure of acceptance that explores an individual's relationship with thoughts, feelings and other physical symptoms generally, not just those related to chronic pain. The AAQ-II contains 7 items (e.g. "I'm afraid of my feelings") which relate to one factor. Higher scores indicate lower levels of acceptance and psychological flexibility. Research indicates that in studies involving both the CPAQ and the AAQ-II, the AAQ-II explains unique variance independent to that explained by the CPAQ (McCracken & Zhao-O'Brien, 2010). Importantly, this suggests that it is both, willingness to experience psychological experiences not directly associated with chronic pain, and willingness to experience pain, that facilitate healthy vital functioning.

References

1 Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., et al. (in press). Preliminary psychometric properties of the Acceptance and Action Questionnaire - II: A revised measure of psychological inflexibility and experiential avoidance. Behavior Therapy.

2 Dahl, J., Wilson, K. G., & Nilsson, A. (2004). Acceptance and commitment therapy and the treatment of persons at risk for long-term disability resulting from stress and pain symptoms: A preliminary randomized trial. Behavior Therapy, 35, 785-801.

3 Hayes, S. C., & Gifford, E. V. (1997). The trouble with language: Experiential avoidance, rules, and the nature of verbal events. Psychological Science, 8, 170-173.

4 Hayes, S. C., Luoma, J., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes, and outcomes. Behaviour Research and Therapy, 44, 1-25.

5 Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). Acceptance and commitment therapy: An experiential approach to behavior change. New York: Guilford Press.

6 Hayes, S. C., Villatte, M., Levin, M., & Hildebrandt, M. (2011). Open, aware, and active: Contextual approaches as an emerging trend in the behavioral and cognitive therapies. Annual Review of Clinical Psychology, 7, 141-168.

7 Johnston, M., Foster, M., Shennan, J., Starkey, N. J. & Johnson, A. (2010). The effectiveness of an Acceptance and Commitment Therapy self-help intervention for chronic pain. Clinical Journal of Pain, 26, 393-402.

8 Kabat-Zinn, J. (1990). Full catastrophe living : Using the wisdom of your body and mind to face stress, pain, and illness. New York, N.Y.: Delacorte Press.

9 Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York: Guilford.

10 McCracken, L. M. (2005). Contextual cognitive-behavioral therapy for chronic pain. Seattle: IASP Press.

11 McCracken, L. M. (2010). Toward understanding acceptance and psychological flexibility in chronic pain. Pain, 149, 420-421.

12 McCracken, L. M., & Vowles, K. E. (2006). Acceptance of chronic pain. Current Pain and Headache Reports, 10, 90-94.

13 McCracken, L. M., & Zhao-O'Brien, J. (2010). General psychological acceptance and chronic pain: There is more to accept than the pain itself. European Journal of Pain, 14, 170-175.

14 McCracken, L. M., Gauntlett-Gilbert, J., & Eccleston, C. (2010). Acceptance of pain in adolescents with chronic pain: Validation of an adapted assessment instrument and preliminary correlation analyses. European Journal of Pain, 14, 316-320.

15 McCracken, L. M., Vowles, K. E., & Eccleston, C. (2004). Acceptance of chronic pain: component analysis and a revised assessment method. Pain, 107, 159-166.

16 Reneman, M. F., Dijkstra, A., Geertzen, J. H., & Dijkstra, P. U. (2010). Psychometric properties of chronic pain acceptance questionnaires: A systematic review. European Journal of Pain, 14, 457-465.

17 Ruiz, F. J. (2010). A review of acceptance and commitment therapy (ACT) empirical

evidence: correlational, experimental psychopathology, component and outcome Studies. International Journal of Psychology and Psychological Therapy, 10, 125-162.

18 Society of Clinical Psychology. (n.d.). Retrieved May 6th 2011, from http://www.div12.org/PsychologicalTreatments/treatments/chronicpain_act.html

19 Thompson, M., & McCracken, L. M. (2011). Acceptance and related processes in adjustment to chronic pain. Current Pain and Headache Reports, 15, 144-151.

20 Vowles K. E., & McCracken, L. M. (2008). Acceptance and values-based action in chronic pain: a study of treatment effectiveness and process. Journal of Consulting and Clinical Psychology, 76, 397-407.

21 Vowles, K. E., & Thompson, M. (2011). Acceptance and commitment therapy for chronic pain. In L. L. M. McCracken (Ed.), Mindfulness and acceptance in behavioral medicine: current theory and practice (pp. 31-60). Oakland: New Harbinger.

22 Wenzlaff, R. M., & Wegner, D. M. (2000). Thought suppression. Annual Review of Psychology, 51, 59-91.

23 Williams, J. C., & Lynn, S. J. (2010-2011). Acceptance: an historical and conceptual review. Imagination, Cognition and Personality, 30, 5-56.