

ACCEPTANCE: SOME REFLECTIONS

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Acceptance is one of the harder tasks in the recovery process. Acceptance means seeing and acknowledging all the various aspects of oneself without devaluing oneself (Spaniol, Koehler & Hutchinson, 1995). Negative judgments are barriers to acceptance. They lead to disbelief or even denial because it is hard to accept what one devalues. Yet acceptance does not mean approval, or even disapproval. Acceptance means seeing and acknowledging what is.

Seeing and acknowledging what is seems like a simple task at first. Don't we all do this, all the time? Unfortunately, even an introductory exposure to psychology shows us that acceptance is not so easy at all. We all have a tendency to color our perceptions with our past learnings, or to project feelings and meanings on what we see. Not surprisingly, certain meditative and focusing approaches require a lengthy practice in "seeing what is," because our personal history has often left our perceptions somewhat contaminated. We can learn to be sensitive to our vulnerabilities in perceiving. We can learn to know ourselves well enough to recognize when we are most likely to override "what is" with our own learned ideas, feelings, and sensations. We can learn how to be open to "what is" without being overwhelmed or intimidated by our history or our fears.

Acceptance is a process and not an event. It involves both emotional as well as cognitive aspects of ourselves. It is not simply a matter of making a decision. It involves working out this decision emotionally and through our actions. The emotions tend to lag behind our decisions. Our actions help to deepen our emotional commitment to our decision. We deepen our confidence in our acceptance through facing the feelings it brings up in us and through the actions that concretize it in our life.

One of the problems with acceptance is that our mind can fool us (Frese, 1993). Our experience can seem so real. Why deny our own reality, to accept what others say is not real. A frontal assault on someone's denial is usually not helpful. Knowing that others view us as misperceiving reality can help—especially if we trust the person. Loosening our belief takes time and trust in others. Acceptance is so hard when we perceive as true what others see as a misperception. We have to come to see that our perception can be colored by the illness.

The content of what needs to be accepted includes our strengths as well as our deficits. We need to accept all of ourselves. Acceptance is difficult because it builds on hope. Without the foundation

of hope, acceptance can be too terrifying. As Pat Deegan (1996) has said, "How can we accept the illness when we have no hope. Why should one pile despair on top of hopelessness. The combination could be fatal. So perhaps people are wise in not accepting the illness until they have the resources to deal with it."

Acceptance also means dealing with loss. The dreams of what could have been, the loss of the person we were before the illness, the knowledge that peers have gone on to have a life. This is very painful. Family members know this pain also. Dealing with loss is not an easy task. Yet acceptance means seeing ourselves as we are, without judging ourselves. Our bottom line. We need to begin our recovery from where we are.

Effective coping builds on acceptance. It builds on reality. And that reality is not only the illness. Reality also includes stigma, abusive treatments, negative professional attitudes and practices, programs that are often unappealing, and lack of opportunity in the community. Also, as people feel more confidence in themselves, they begin to acknowledge aspects of themselves that are also part of their reality. These include their many talents and strengths, their inner wisdom, and their relationships with family, friends, and helpers (Davidson & Strauss, 1992). They gradually begin to identify with these other aspects of themselves and to realize that they can call upon them as needed. The illness becomes less dominating and all-encompassing.

Acceptance reduces unnecessary pain and anguish. Acceptance can bring on a sense of relief. We are able to stop struggling with what we don't want to see or acknowledge. Anguish is replaced with the ordinary suffering that comes with dealing directly with the often uncomfortable realities of our lives.

Acceptance means acknowledging our own agency, our own ability to act in our own interest. It means moving from being acted upon to assuming responsibility for our life. Acceptance helps us to find new solutions to replace the apathy, indifference, and hopelessness that have helped us survive up to now (Deegan, 1996). Acceptance is empowering. Acceptance helps us to deal with the real barriers that exist within ourselves and within our environment. The process of recovery is influenced by the person. People are active participants whose feelings, meanings, and interpretations of the illness impact on the course of the illness. The individual can call upon coping and regulatory mechanisms to modify, adapt, and adjust to the illness and to actively confront the many barriers in the environment.

Accepting is courageous. Courage can be defined as the ability to make a commitment to an imperfect process. This is what people with psychiatric disability do. Their commitment comes from their hope. They begin to believe hope is possible. As that hope takes root, they can make a commitment to themselves and to their recovery—and to do whatever is necessary to bring it about—knowing that it is not a perfect process. There are risks, there are dangers, there are failures, and there are successes. And this is OK. This is courageous. Acceptance requires support. When others accept us, it is easier to accept ourselves (Anthony, 1993). When others express hope for us, it is easier for us to have hope. We are not an island. We live in relationship to people, places, and events. We influence and we are influenced. The self develops in relationship (Estroff, 1989). There is a partnership in this process with people and events. We are not alone in how we experience and respond to our life.

Acceptance can lead to compassion—compassion for ourselves and compassion

for others. We become less judgmental of ourselves and others. We become more focused on what we need to have a life and how to get those resources. We begin to be interested in how to help other people with a psychiatric disability. People who are involved in their own recovery are important sources of support and mentoring to other consumers. It is helpful to see other people making it.

Our feelings of shame may prove to be the greatest barrier to acceptance. We experience feelings of shame when we struggle to accept parts of ourselves that we or others have found unacceptable. The stigma of mental illness and our own shame about having a mental illness, the belief that we are broken or unwell, all form barriers to acceptance. We may have made progress toward self-acceptance only to fall back into despair time and time again. This is part of the process, part of the struggle. Many of us have discovered certain actions that seem to support the journey toward acceptance. Only actions can fulfill our promise to ourselves. The following are some of the actions that many have found beneficial in their struggle for daily self-acceptance.

Affirming our strengths. We all have gifts. Acknowledging our strengths helps us with the work of acceptance. One woman who was a talented painter set time aside every day to paint and surrounded herself with her creations. She found this affirming even during very dark times. Later, when she felt much better about other parts herself, she sold some of her work. Another woman was very good with children. She found that the 2 hours a day that she volunteered at an after school program carried her through hard times. She also claims that she began to acknowledge other strengths through her work with the children.

Self-care during hard times. For most of us, when we feel bad the first thing we stop doing is taking care of our health. Eating well, exercising, even careful grooming seem to take too much effort. We may skip meals, drink too much coffee, smoke more, and pass up opportunities for physical activity. This response to feeling bad inevitably causes us to feel worse. A commitment to self-care can sometimes prevent feeling even worse. One woman reports that she made a commitment to take care of her body as if she were responsible for taking care of an infant. She fed herself, washed herself, and allowed herself naps. She says that the conscious effort of self-care helped her pass the time during a very difficult time in her life. A young man had found that physical activity and good nutrition helped decrease the intensity of psychiatric symptoms. He states that he made a commitment to himself and his roommate that he would exercise everyday no matter what, even if he did nothing else that day.

Staying in the day. It is very hard to commit to an action for the rest of our lives. Most of us will delay until tomorrow if we believe our promise is for the rest of our lives. One day is much more manageable. We can promise ourselves a course of action just for today. Daily affirmations are more powerful than lifelong resolutions, and they lead toward acceptance. One woman states that she started her day by reflecting on the promises she would keep for that day. For example, she said she promised herself that, just for that day, she would not judge herself or others harshly. Over time she added new promises to herself.

Acknowledging achievements. This may be harder than it sounds. Most of us have learned to keep a critical eye on ourselves and find it easier to find faults than accomplishments. For us, acknowledging achievements will take practice and may feel unnatural for a time. One man reports that he made a commitment to himself to report all his accomplishments for that day to his housemates. For the first few weeks he felt like he was bragging but soon others he lived with got into reporting their daily successes. Another woman tells of how she kept a journal in which she allowed herself to write only kind positive passages about herself. She came to enjoy the exercise and found reading her journal a source of comfort.

Being gentle with ourselves. Treating ourselves gently takes practice. It begins when we give ourselves permission to feel, to breath, to fail, and to start over. Much of our pain may come from our own judgment. We may have been trained to believe that if only we worked harder and tried harder we would achieve more. Ironically, when we beat ourselves up over the past or judge ourselves harshly because of today, we take ourselves away from the goal of becoming who we are called to be. One man said, "I don't allow anyone to treat me as badly as I treat myself." And in the same vain, a woman said. "I don't treat anyone else as badly as I treat myself."

Connecting with others. Some of us have found that connecting with other helps foster acceptance of ourselves. Other people can sometimes give us the hope we need and can inspire us with the knowledge that we are not alone. One woman says that when she first connected with a self-help group, she was so full of self-hatred that she has trouble showing up to the group. People in the group reached out to her. Gradually, she began to recognize that

others saw something in her that she did not see in herself. Others had faith in her abilities and hope for her future. She says, "For a long time I held on to their belief in me. They carried me until I could believe in myself." Another person said, "Talking with others, or just being with others helped me get outside of my own head. It really gave me relief from the destructive thoughts that I was having."

Acceptance is complex. It is a process that may take a long time. It involves all of us, our mind, our body, our emotions, and our behavior. It is a courageous process. It is a journey of the heart (Deegan, 1996).

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