

The Role of “Allowing” and “Acceptance” Summary of Research

Year of Study	Institution	Citation for the Study
Summary of Results of the Study		

1

2004	NYU School of Medicine Boston University	Levitt J, Brown T, Orsillo S, Barlow D (2004). The effects of acceptance versus suppression of emotion on subjective and psychophysiological response to carbon dioxide challenge in patients with panic disorder. <i>Behavior Therapy</i> , 35(4), 747-766.
In this study, 60 panic disorder patients were divided into 3 groups. Each patient inhaled 5.5% carbon dioxide for 15-minutes – a harmless but potent anxiety challenge for those with panic disorder. Group 1 was instructed in an “acceptance” approach; group 2 was instructed in a “suppression” approach; group 3 was given neither instruction (the “control” group). The acceptance group reported significantly less anxiety during the challenge than the suppression group. In addition, the acceptance group was significantly more willing to participate in a second challenge.		

2

2012	Southern Methodist University, UCLA	Meuret A, Craske M, et. al. (2012). Brief Acceptance and Commitment Therapy and Exposure for Panic Disorder: A Pilot Study. <i>Cognitive and Behavioral Practice</i> , 19, 606-618.
In this pilot study, 11 panic disorder patients received 4 sessions of “Acceptance and Commitment Therapy,” learning an open, accepting, nonjudgmental stance toward thoughts, feelings, and bodily sensations. Next, patients engaged in 6 sessions of exposure therapy. There were large, clinically significant improvements in panic symptom severity, willingness to allow inner experiences to occur, and reductions in avoidant behavior.		

3

2004	Dorset Research and Development, Bournemouth University UK	Baker R, Holloway J, et. al. (2004). Emotional processing and panic. <i>Behaviour Research and Therapy</i> , 42(11), 1271-87.
In this study, 50 patients with panic disorder were compared with healthy controls. The panic disorder group had significantly more difficulty allowing and processing difficult emotions, including anxiety. They tended to use the strategy of trying to “bottle up” and “smother” their difficult emotions.		

4

1998	Cambridge University	Rayment P, Richards J (1998). Fear of Autonomic Arousal and Use of Coping Strategies as Predictors of Agoraphobic Avoidance in Panic Disorder. <i>Behaviour Change</i> , 15(4), 228-236.
39 patients with panic disorder were evaluated, focusing on their coping strategies. The coping strategy of allowing panic symptoms to develop and pass – as compared to strategies designed to control symptoms – predicted significantly less avoidance.		

5

2006	University of California San Diego	Campbell-Sills L, Barlow D, Brown T, Hofmann S (2006). Effects of suppression and acceptance on emotional responses of individuals with anxiety and mood disorders. <i>Behaviour Research and Therapy</i> , 44(9), 1251-1263.
60 patients with anxiety and mood disorders were assigned to one of two groups. Group 1 listened to a rationale for <i>suppressing</i> emotions. Group 2 listened to a rationale for <i>accepting</i> emotions. Participants then watched an emotion-provoking film and applied the instructions. During the post-film recovery period, the acceptance group had significantly less negative emotion as well as significantly lower heart rate compared to the suppression group.		

6

2003	Chapman University	Eifert G, Heffner M (2003). The effects of acceptance versus control contexts on avoidance of panic-related symptoms. <i>Journal of Behavior Therapy and Experimental Psychiatry</i> , 34(3-4), 293-312.
60 women who scored high on the Anxiety Sensitivity Index were exposed to two 10-minute periods of 10% carbon dioxide enriched air, a harmless but potent trigger for anxiety. Participants were divided into 3 groups: “acceptance”, “control”, or “no instruction.” Before each inhalation period, participants were provided with: 1) training to mindfully observe (acceptance context) 2) training to control symptoms via diaphragmatic breathing (control context), or 3) no training or instructions. Compared to “control context” and no-instruction participants, “acceptance context” participants reported significantly less fear, fewer catastrophic thoughts, and were less avoidant behaviorally during the carbon dioxide inhalations.		

7

2005	University of Wisconsin - Milwaukee	Marcks B, Woods D (2005). A comparison of thought suppression to an acceptance-based technique in the management of personal intrusive thoughts: a controlled evaluation. <i>Behaviour Research and Therapy</i> , 43(2005), 433-445.
106 college students participated in two studies of coping strategies in regard to personally relevant intrusive thoughts. The strategies of thought suppression and acceptance were compared. The participants using the acceptance approach experienced significantly less distress, anxiety, and depression.		

8

2012	San Diego State University, University of California San Diego	Petkus A, Gum A, Wetherell J L (2012). Thought Suppression is Associated with Psychological Distress in Homebound Older Adults. <i>Journal of Consulting and Clinical Psychology</i> , 63(5), 754-765.
142 homebound older adults participated in the study. Thought suppression was significantly associated with higher likelihood of clinically significant somatic, depressive, and anxiety symptoms.		