


The Myth of Acceptance

BY MICHAEL A. HARVEY



“Grief is like the ocean; it comes in waves, ebbing and flowing. Sometimes the water is calm, and sometimes it is overwhelming. All we can do is learn to swim.”

—Vicki Harrison

Sue lost most of her hearing in her 20s due to an autoimmune disorder. She did all the right things: she got fitted with hearing aids, took speechreading classes, joined HLAA, purchased the latest assistive listening devices, learned sign language, read self-help books, joined a peer support group and received psychotherapy to deal with, as she put it, “accepting my hearing loss.” She could easily have become the HLAA poster child.

However, today, she appeared in my office steeped in shame. “I had been doing so well,” she began. “But last week, my son graduated from college and I was so proud!” she exclaimed as tears ran down her face while she looked down at the floor.

“Congratulations, but you look like you’ve been to a funeral.” I responded.

“I couldn’t understand the graduation speaker and I couldn’t even understand when my son’s name was called. The loop system was broken.”

Elisabeth Kübler-Ross, M.D., in her groundbreaking book, *On Death and Dying*, (1969), posited that those who face their imminent death experience a series of emotional stages: denial, anger, bargaining, depression and acceptance. Her framework has since been applied to other types of major losses that we experience.

The good news about the Kübler-Ross stages-of-grief model is that it helps people who have sustained a loss to not feel crazy. As one man said, “One day I was accusing everyone of mumbling because I was denying my hearing loss; the next day I was scared, then depressed and then angry. My emotions kept changing. I thought I was losing my mind!” Later, he was relieved to learn that his vacillating feelings were a normal grief reaction to loss.

Acceptance Is a Journey—Not a Destination

The bad news is that one does not arrive at 100% acceptance. In fact, Kübler-Ross emphasized that these stages were meant to be a loose framework and not an ordinal ladder for grieving. Stated differently, one is never self-actualized, one is self-actualizing; one has never recovered, one is in recovery. Psychologically, acceptance is not a noun; it’s a verb. It’s a process.

Nonetheless, we humans often fall into the trap of making the process of acceptance static or imagine it as a state of being. To make matters worse, we may take the “I think I can, I think I can” message from the American folktale, *The Little Engine That Could*, quite literally. Accordingly, if you can’t make it up the hill, i.e., accept a loss, it’s because you’re not trying hard enough. In Sue’s words, “After all the work I’ve done, why can’t I accept

my hearing loss? Shouldn't I have closure by now?" She felt shame because she arrived at the conclusion that she wasn't trying hard enough.

"What do you mean by 'accept' and 'closure'?" I asked.

Sue explained that she expected her grief to have an endpoint. "After all, isn't that what acceptance and closure mean?"

"One and Done" Does Not Apply to Grief

Indeed, one dictionary defines closure as "a comforting or satisfying sense of finality." However, it's not that simple. Closure in that sense is not the end goal of grief. Grief can come and go over the course of a lifetime. Just when someone feels like they are coping and handling life well, anything—a song, a date on the calendar or significant events—can trigger renewed, painful emotions that one assumes have long since been buried. Living happily ever after is appropriate for fairy tales. Real life, however, is more complicated.

I explained to Sue that there is an important difference between the time when she initially lost her hearing and many years later, when painful emotions about the loss are triggered. For a period of time following her hearing loss, her emotional pain had dominated her life. Then she rolled up her sleeves and learned impressive coping strategies. She "accepted" her loss. However, this does not prevent emotional pain, such as the pains that were triggered by her son's graduation. Triggered pain pops up like an icon on a computer and may dominate for minutes, hours or days, but then other strengths and positive feelings take over. I explained that she did not need to berate herself for not thinking positive thoughts 100% of the time. In fact, a tenet of Acceptance and Commitment Therapy is that positive thinking, taken to its extreme, is a rigged game, doomed to fail and cause persons to feel guilty and inadequate (Harris, 2008).

Let's kick this up a notch. Often, we simultaneously embrace and lament a loss. In 1993, psychiatrist George Vaillant stated in his classic longitudinal study of adult psychological development, "Wisdom is the ability to

hold a paradox." As one man with hearing loss said, "I am grateful to my hearing loss for the opportunities it has given me, yet if there were a medical cure, I'd accept it in a heartbeat."

Sue appeared jovial as she greeted me the following week. She explained that she was proud of herself. "I know I have done a lot of hard work to forge a happy and productive life as a woman with hearing loss. Although I still wish I had normal hearing, I've accepted what I cannot change but now with the new definition of 'accept.'" As she left my office, she handed me a piece of paper with her own calligraphy of a quotation about grief and loss by author Vicki Harrison: "Grief is like an ocean; it comes in waves, ebbing and flowing. Sometimes the water is calm, and sometimes it is overwhelming. All we can do is learn to swim." HL

References

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