Self-Acceptance in Buddhism and Psychotherapy

Daniel David, Steven Jay Lynn, and Lama Surya Das

In this chapter, we will introduce the fundamentals of Buddhism to provide a framework for our discussion of the role of acceptance in conceptualizing the self, ameliorating psychopathology, and spurring new developments in the field of psychotherapy. We will use Albert Ellis's Rational Emotive Behavior Therapy (REBT) as an example of a Western psychological and psychotherapeutic approach to achieving unconditional self-acceptance, and we will examine this perspective from the vantage point of Buddhist views of the self. We focus mainly on REBT because it has advanced one of the oldest, original, most straightforward, and elaborated theories regarding the self and unconditional self-acceptance, as an alternative to self-rating (e.g., self-esteem). However, we will also describe how a growing number of psychotherapies are capitalizing on newfound interest in Buddhist approaches to cultivating acceptance and contending mindfully with maladaptive thoughts, feelings, and behaviors.

D. David, Ph.D. (✉)
Department of Clinical Psychology and Psychotherapy, Babeş-Bolyai University, Cluj-Napoca, Romania

Department of Oncological Sciences, Mount Sinai School of Medicine, New York, USA
e-mail: daniel.david@ubbcluj.ro

S.J. Lynn, Ph.D.
Department of Psychology, Binghamton University, Binghamton, USA

L.S. Das
Dzogchen Meditation Center of America, Los Angeles, CA, USA

About Buddhism

A Brief History

Buddhism emerged in the fifth century BC with the teaching of Siddhartha Gautama (563–483 BC), a prince of northern India in what is now western Nepal. The historical Buddha ("*the enlightened one*") renounced his Hindu kingdom and set forth on an extensive multi-year enlightenment quest. Visiting many of the leading teachers, sages, and masters of his day, over the years he eventually became enlightened through introspective meditation and awareness practices, leading to what he called nirvanic peace/liberation (e.g., bliss, acceptance, end of suffering). He claimed that any sentient being could become enlightened through such a path, including women, a radical point of view at that time. Thus, he was the first leader in history to educate women *en mass* and break rank with the Hindu caste system. Moreover, he was among the first leaders who advocated for protection of the earth's environment. At the age of 35, starting in the Deer Park at Sarnath outside modern Varanasi, the Buddha taught his new path—The Noble Eightfold Path—to freedom and spiritual enlightenment, which he called "The Middle Way," referring to a balanced and well-rounded, nonviolent spiritual path of gradual development and ultimate enlightenment.

Fundamentals

In this section, we briefly summarize the fundamentals of Buddhism (for more details see also Buswell, 2004; Coogan, 2003) to facilitate our analysis and discussion of Western psychology's concept of self-acceptance in relation to Buddhism. Taking into account substantial differences in Buddhist schools of thought, we will present a prototype description of Buddhism, acknowledging that it does not provide comprehensive coverage of the full range of Buddhist thinking and writings. Still, most authors would agree that there are three main branches or schools/approaches of Buddhism, which we review below, in which core concepts differ in emphasis (see also Buswell, 2004; Coogan, 2003):

1. **Theravada Buddhism** ("*the doctrine of the elders*") is the path of individual spiritual progress, purification, monasticism, renunciation and detachment, inner development, and eventual realization. It is the oldest Buddhism school arguing that each individual is responsible for his or her liberation. Known as the Southern School, it is based on the original Pali *sutras* (scriptures).
2. **The Mahayana Buddhism** ("*the great vehicle*") school is more community-oriented. It is based mainly on the Sanskrit scriptures (*sutras*) and places less emphasis, relative to the other schools, on individualism and monasticism, and more on impartiality, equanimity and compassion for all sentient beings, and

universal enlightenment. For example, Zen Buddhism, which is part of the Mahayana tradition, is well-know in the Western world for its combination between Taoism's principles (e.g., embracing life in a compassionate and a meditative way) and Buddhism's principles (e.g., path to enlightenment). Moreover, this tradition opens the door to female teachers and accommodates different pantheons of deities.

3. **The Vajrayana Buddhism** ("*the diamond vehicle*") school represents the tantric or non-dualistic approach, common in Tibet and the other Northern countries of Asia. This tradition is mainly related to Mahayana Buddhism in philosophy, but includes more practical techniques, often learned in an esoteric context from Guru-like masters, in order to provide an accelerated path to nirvana (e.g., tantric techniques, yoga practices, some shamanistic influences, enlightenment-now instructions).

Samsara ("*continuous flow*"), or the great round of becoming ("*cyclic existence*"), refers to the cycle of birth, life, death, and rebirth, which is basically seen as a cycle of suffering and dissatisfaction. Buddhism cosmology assumes various levels of existence. As related to the samsara cycle, Buddhism typically describes at least six realms of existence (or more levels in other versions—for various levels of existence see Buddhism cosmology): (1) god realm (characterized by wholesome actions, but also pride); (2) demi-god realm (characterized by generosity, but also envy/anger); (3) human realm (characterized by determined good conduct, but also desires/passion); (4) animal realm (characterized by ignorance and prejudice/stereotypes); (5) "hungry ghost" realm (characterized by lust/greed); and (6) "hell" realm (characterized by hate/aggression). These six realms of existence are also understood to represent the various states of consciousness within our own mind within this mortal life, not just substantial states or worlds of existence. Typically, the human realm is the most suitable to seek liberation because humans are not fully distracted by intense pleasures, pain, and/or ignorance, as is the case with respect to the other realms. **Karma** is the force that maintains the entire (vicious) cycle of samsara and conditioning, generated by our actions (e.g., what one does, thinks, and/or says), and perpetuating our unfulfilling habitual conditioning; although ultimately, the strongest cause of karma and negativity (suffering and delusion) is ignorance of the true state of reality, or not knowing and realizing enlightenment. From the Buddhist point of view, **Maya** is like an incomplete deity, goddess or archangel that creates and maintains the delusion by ignorance (**Mara**). **Rebirth** means that consciousness continues to evolve after death—or at least, to cycle and recycle, in the greater ecology of transpersonal being beyond any individual personal mortal existence—and becomes one of the contributing causes for the arising of a new being or incarnation; thus, the next life is not necessarily within the same realm as the previous life (e.g., human to human), due to karmic conditioning (the winds/forces of karma) and the vagaries of change and interdependence. Rebirth is different from the Hindu doctrine of reincarnation. **Reincarnation** refers to the fact that after our biological death, our self (soul) begins a new life in a new body (i.e., transmigration) that may be in various realms

of existence (e.g., gods, humans, animals—even plants in some Hindu schools, although most Buddhist and Hindu schools consider that rebirth and/or reincarnation involve only levels of existence for "conscious/sentient beings"), depending on the moral quality of the previous life's actions. In Buddhism, because there is no self (see below the **anatman** doctrine), we cannot talk about transmigration of a fixed self, and rebirth could happen, depending on karma, in any of the realms of existence described in Buddhist cosmology. Life is like a sequence of actions, reactions, and events, in which each act impacts and conditions the next while the ephemeral events following one upon another, though conditioned by what went before, are not exactly the same. Therefore, what is reborn is not a permanent individual self, but sequences of events known as "mental continuum, mental body" or "clear light mind" and karmic stream rather than personality, separate permanent soul, a solid self, memory or intellect, and so forth. Precisely in what form and how these karmically conditioned events or *samskaras* (imprints) are carried from life to life is a much-debated question even within Buddhism, as far as underlying continuum or other continuity is concerned. Lama Surya creatively speculates that the sages' intuitions regarding these immaterial but impactful *samskaras* (karmic imprints) presage by millennia the modern scientific discovery of genes and chromosomes, suggestive of significant determinants of some kind actually carried over from life to life in an evanescent world.

Thus, Buddhism asserts that our aim should be to stop the samsara cycle of endless wandering, birth after birth, and enter into the freedom and liberation of enlightenment or **nirvana**. **Nirvana** refers to what Buddha himself termed "the heart's sure release," the end of suffering and confused wandering, a boundless and unending peace of heart-mind—the heaven-like divine-ish soteriological goal of many human beings. In order to appreciate how to achieve nirvana, we should first understand the **four noble truths**.

The four noble truths of Buddhism are:

1. **Life as we know it is dissatisfying and rife with suffering**. From birth to death, life is inevitably replete with suffering, pain, grief, despair, and emotional turmoil. Suffering is not related only to earthly, day by day suffering (which might be less present and/or even absent for many people), but mainly to (1) aspects of the basic human cycle (i.e., relating birth, illness, aging, and death) and (2) to a more subtle (even implicit) and soteriological suffering resulting from failure to achieve nirvana because of our ignorance of the "way things truly are," including the fact that clinging to fleeting cravings or desires provides no lasting fulfillment.

2. **Suffering stems from craving-desires**. Suffering and dissatisfaction are the product of ignorant craving and attachment to particular thoughts, people, sensory objects, and habitual ways of acting in the world. If such attachments and desires are not satisfied, we experience suffering (e.g., pain, distress). However, if our desires are satisfied, we still suffer in the sense that we continue to strive to satisfy ignorant and non-ceasing cravings and pleasurable experiences that do not truly lead to enlightenment, allowing us to live in delusion while preventing achievement of the nirvanic state. Constantly striving for ever-more goods,

sexual pleasures, and so forth establishes a sense of loss, inferiority, and lack of acceptance of the moment and the self, whenever what is sought is not attained.

3. **The need to conquer craving-desires**. To escape suffering one must conquer ignorant craving and not cling to attachments, many of which are culturally created and reinforced (e.g., wealth, social prestige). Because all people and possessions are created and ultimately destroyed or die, any attempt to hold onto what is impermanent or evanescent will surely lead to suffering. Accepting that objects of experience wax and wane, and allowing them to come and go naturally are viable means to achieve nonattachment and ultimate liberation.

4. **Follow the path (marga)**. Following the Buddha's Noble Eightfold Path (i.e., the marga) is a reliable means to conquer insatiable desires and achieve Nirvana. This is said to happen often during many lives and experiences in various realms of existence described in Buddhist cosmology.

The EightFold Path to Enlightenment (i.e., marga) to nirvana (and enlightened living) is represented by the following three sections and eight components.

Section I is a moral one—referring to ethical self-discipline, compassion, and character development—and it comprises three components:

1. Wise speech (e.g., to not lie/tell the truth, to not use verbal abuse/speak amiably, to speak only when necessary)
2. Wise action (e.g., to not harm sentient beings/act compassionately, to not steal, to avoid sexual misconduct)
3. Wise livelihood (e.g., avoid actions and/or professions involving using weapons, prostitution, slaves, etc.)

These three components of Buddhism are similar in salient respects to the ethical and moral prescriptions promulgated by other major philosophies and/or religions (e.g., Christianity).

Section II refers to mental control—meditation and mindfulness awareness, or mind training—and it contains three components:

1. Wise effort (e.g., to use our mental resources to attain our liberation aims)
2. Wise mindfulness (e.g., moment by moment awareness and acceptance of the entirety of present reality to see things as they are; mindfulness meditation is helpful in developing this ability)
3. Wise concentration (e.g., awareness and experience of a specific aspect of reality to see the whole reality/things as they are and promote acceptance; concentrative meditation on an object or thought is helpful in developing this ability)

Acceptance in this context implies purposeful nonjudgmental awareness of moment-to-moment experience and the ability to allow experiences and cravings to come and go without clinging and attachment or aversion and resistance. Acceptance also implies tolerance of ever-changing experiences (see Williams & Lynn, 2010), whereas "mindfulness is relaxed, open, lucid, moment-to-moment present awareness. It is like a bright mirror: nonclinging, nongrasping, nonaversive, nonreactive, undistorting" (Lama Surya Das, 1997, p. 300). Traditional Buddhist meditation manuals

describe mindfulness as paying attention to what we experience, not what we would like to experience. In short, mindfulness implies friendly acceptance of the totality of our changing experience rather than avoidance or manipulation of experience.

Mindfulness is an integral part of classical Buddhist meditation practice. Lama Surya Das (1997) defines meditation as "mental discipline, an effort to train the mind through the cultivation of mindful awareness and attention to the present moment" (p. 260). Specific meditation practices to develop compassion cultivate the capacity to hold with kindness painful or intense experiences that are arising within us. Cultivating radical acceptance and equanimity, for example, in mindfulness meditative awareness practice—as an inner experimental laboratory for mind training and attitude transformation—can help us to be more mindful, objective, detached, and aware of the fact that it's not what happens to us in life, but what we make of it, that makes all the difference. Understanding and accepting this fact through inquiry and experience leads us to become master rather than victim of circumstances and conditions. Acceptance is therefore an essential aspect of mindfulness and classic Buddhist meditation practice.

Modern social scientists, neuroscientists, and therapists have documented the value of acceptance and equanimity as well as mindfulness and meditation practices. Clinicians have used meditation to treat anxiety (Roemer, Orsillo, & Salters-Pedneault, 2008), depression (Teasdale et al., 2000), chronic pain (Grossman, Tiefenthaler-Gilmer, Raysz, & Kesper, 2007), and substance abuse (Bowen et al., 2006), as well as to enhance overall health and quality of life (Grossman, Niemann, Schmidt, & Walach, 2004). Moreover, meta-analyses (Baer, 2003; Hofmann, Sawyer, Witt, & Oh, 2010) have provided support for mindfulness techniques in the treatment of a variety of problems and medical conditions.

Section III refers to wisdom—insightful wisdom and self-knowledge realization training—and has two components:

1. Wise view/right understanding, which basically means to realize and understand the Four Noble Truths, being the beginning and the end of the path to nirvana.
2. Right intention refers to the volitional aspect for our commitment to the *marga* (the path). Simply put, we can make choices in life that count. Our lives can be driven by important values that, when acted upon, represent the manifestation of our understanding of the Four Noble Truths and lead directly to inner peace, balance, and harmony, both individually and collectively.

Arhat ("*worthy one*") in *Buddhism*, in general, signifies a spiritual practitioner who has realized certain high stages of liberation/attainment. If the spiritual practitioner fails to reach the final stage in this lifetime, then he or she will, according to this doctrine, be born again, as human or nonhuman, depending on the stage of liberation the practitioner reached. Buddhism thus recognizes the inherent difficulty of achieving liberation and provides incentive for striving to the utmost to achieve a nirvanic state, while acknowledging that the process may continue for eons. The implications of the term Arhat, however, vary based on schools and traditions. In Theravada tradition Arhat means anyone who attained Nirvana, following the **bodhisattva-like path** of an enlightened existence conducive to liberation

from samsara. In the Mahayana and Vajrayana traditions, for a full liberation, an Arhat (who liberated himself/herself from various aspects—e.g., prejudice, lust, and hate—but not of the delusion) should follow the **bodhisattva path** defined differently, meaning an Arhat motivated by great compassion has postponed his or her own liberation and helps others to attain liberation (e.g., embracing the current life as an expression of the Buddha-nature, as in Zen Buddhism). In this way, the Arhat progresses even further on the path himself. Therefore, the concept of **bodhisattva** is understood differently in Theravada (i.e., enlightened existence to attain nirvana individually) and Mahayana/Vajrayana Buddhism (enlightened existence to attain nirvana together with all human beings). In Theravada Buddhism there are three types of Arhats: (1) who discovers the truth by himself and teaches others (called Buddha); (2) who discovers the truth by himself, but does not teach others (i.e., lacks the skills, does not have the necessary karma, etc.) (Paccekabuddha); and (3) who received the truth directly or indirectly from a Buddha. In Mahayana/Vajrayana Buddhism, Arhat means a spiritual practitioner liberated only partially (e.g., from prejudice, lust, and hate), but still in delusion because he or she did not follow the bodhisattva paths as defined in this school: (1) aim to become a Buddha as soon as possible and then help others to do to the same; (2) aim to become a Buddha together with other salient beings; and/or (3) aim to delay being a Buddha until all sentient beings achieve liberation. Such an Arhat will be reborn, when ready to follow the bodhisattva path, as described in Mahayana Buddhism tradition.

About Self and Self-Acceptance in Buddhism and Western Psychology

Fundamentals

According to Buddhism, an individual is a combination of five aggregates of existence, also called the **five skandhas**. These are: (1) form; (2) sensation/feelings; (3) perception/understanding; (4) mental formations and volition; and (5) consciousness. In Buddhism (like Hinduism) the word **atman** refers to self (soul). According to Buddhism, self is an illusory (**maya**) by-product of **skandhas**. A deity-like force or negative energy (ignorance) called **Mara** helped to create and maintain the self, by blessing and encouraging all self-creations (e.g., self-ratings). In aggregate and separately, the five skandhas are empty (illusory). That is, they are not inherently existing qualities of a self (**atman**)—a soul or an *ens*—because there is no separate independent self possessing them to be found (i.e., **anatman** doctrine). Although our sense organs clearly operate to form perceptions of the world and ourselves that we come to think of as "reality," our "self" is a construction based largely on our upbringing and totality of learnings from birth to the present, sculpted by interpersonally and culturally based understandings of the world and our personal existence. Because all aspects of the self, including inferences and attitudes regarding any genuine physical limitations,

are constructed by the skandhas, the self is viewed as illusory, essenceless, impermanent, contingent, and interdependent rather than as permanent, independent, or eternal. This understanding of anatman (no-permanent separate self-entity) is one of the main reforms Buddha the Teacher brought to the Indic Vedic world and culture of his time, and to this day distinguishes a nontheistic Buddhism from Hinduism and other theistic traditions

An attitude of radical acceptance and absorption in moment-to-moment experience, including the negative as well as positive ideas that flow through our minds, can promote greater flexibility and freedom from the sense of a fixed self that responds mechanically to whatever stimuli are present. A negative thought that skirts our consciousness, such as "I am bad," in this context can be seen as nothing more than a thought, rather than a permanent and indelible marker of our character. Additionally, with mindfulness practice, often in the context of meditation, meditators can achieve a breakdown of the boundary between the "self" and "other," and the "self" and the object of attention, experiencing more or less a sense of union and integration with what is perceived and felt in the moment.

Contrary to the Buddhist notion of self, the concept of self, in Western terms, refers to an organized and consistent set of beliefs ascribed to oneself, encompassing both a distinction and an integration between the self as "I"—*the subjective knower*—and the self as "Me"—*the known object* (Passer & Smith, 2009). The following terms are typically related to the concept of self (see for details Passer & Smith, 2009): *self-esteem*, which refers to the general feeling of self-worth and/or self-value; *self-efficacy* (i.e., general or task specific), which refers to the belief in one's capacity to perform various tasks; *self-confidence* referring to beliefs in one's personal worth and perceptions of the general probability of success, regardless of the task or specific to a task; and *self-concept*, referring to an individual's perception of self in relation to various domains (e.g., academic, work, family, social, physical, moral, etc.).

In Western terms, no matter how we operationalize the self-construct, it involves evaluation and a rating process. Self-evaluation (i.e., the self) appears to be strongly related to mental health and disorders (e.g., see also McCrae & Costa, 1996). Indeed, if evaluation is in the low range (e.g., low self-esteem, low self-efficacy, low self-confidence, less organized, and/or rigid self-concept), it is likely that we will experience various psychological problems (Chamberlain & Haaga, 2001a, 2001b). This link between the concept of self and psychological maladjustment supports the development of programs aiming to enhance various self-related components (e.g., self-esteem, self-confidence, self-efficacy, self-concept). However, an excessively high level of these components is also associated with various psychological problems (e.g., mania, perfectionism, vulnerability to criticisms, narcissism, high aggressiveness; Chamberlain & Haaga, 2001a, 2001b).

Thus, conceptualizing mental health, in Western terms, in relation to an immutable or mostly fixed self is risky business, because the self-rating process itself seems to relate to, if not create, vulnerability to mental disorders (e.g., if one habitually makes positive ratings, when experiencing the so-called positive events, the same person will make negative ratings, when facing the so-called negative events). According to

a Buddhist perspective, the simple act of labeling an event "positive" or "negative" can take away from direct contact with and immersion in the experience of the event. Thus Buddhists consider everything as relative, and subject to conceptual limitations superimposed upon (so-called) reality itself—all lacking in ultimate essence or fixed entityness, being found to be, under careful examination and continuous scrutiny, interdependent, impermanent, contingent upon other factors, and so forth.

Experiences construed as negative (e.g., being near a dog if a person is phobic) may promote knee-jerk avoidance, thereby promoting psychological and behavioral rigidity and negative reinforcement of feared yet harmless situations (e.g., being attacked by a tame dog). Whether avoiding a harmless animal or a specific location due to baseless worry about a terrorist attack, the universal experience of avoiding experiences we label as negative or harmful to the self (i.e., experiential avoidance) is both the antithesis of acceptance and a "core psychological diathesis underlying the development and maintenance of several forms of psychopathology… and human suffering in general" (Karekla, Forsyth, & Kelly, 2004, p. 725–726). Scientists have determined that inhibiting thoughts, feelings, memories, and other internal events, including negative or distressing contents of consciousness, increases the probability that the suppressed events will recur (Dalgleish & Yiend, 2006; Hayes & Wilson, 2003; Polivy & Herman, 1987; Strauss, Doyle, & Kreipe, 1994; Wegner, Schneider, Carter, & White, 1987). Indeed, avoidance and suppression of experiences construed as negative contribute to depression (see Ellis & Robb, 1994; MacLeod, Bjork, & Bjork, 2003; Teasdale, Segal, & Williams, 1995), anxiety (Amir, Coles, Brigidi, & Foa, 2001), a poorer quality of life (see Hayes & Wilson, 2003), and alexithymia, neuroticism, and absent-mindedness (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). If we fear many situations with no ability to harm us, expend energy in the unsuccessful attempt to completely expunge unwelcome thoughts that lack the capacity to hurt others or ourselves, and avoid any and all risks, we have little chance of living a rich or enlightened life, as per the EightFold Way. Moreover, the ability to accept and tolerate all thoughts and feelings, regardless of their emotional valence, permits a more objective assessment of how to respond in a variety of potentially threatening and nonthreatening situations. Surya Das puts forward the notion that "…until we accept a diagnose of a problem, for example, or one of our own shortcomings and limitations—we cannot begin an effective therapeutical cure. Therefore, acceptance should not be confused with mere complacence or indifference. Acceptance has its own powerful transformational magic" (Das: New Dharma Talks, 2011—unpublished).

Rational Emotive Behavior Therapy Approach to the "Self" and Self-acceptance

Some psychological models and research pertaining to the self reify what Buddhists consider to be an illusory construction. Indeed, many psychotherapies, including some cognitive-behavioral ones (e.g., Beck's cognitive therapy; Beck, 1995), still

promote the idea of enhancing self-esteem, which inherently involves the danger of self-rating and evoking cognitive vulnerability and avoiding situations in which self-esteem is under threat. Moreover, the data about the effect of such programs for improving self-esteem is mixed (see Dawes, 1996).

We now turn our attention to Rational Emotive Behavior Therapy (REBT)—the first form of cognitive-behavioral therapies—as a specific example of an influential approach geared toward diminishing pervasive and oppressive self-evaluation. REBT (see Ellis, 2005) adopts an innovative and somewhat atypical approach to the self and emphasizes unconditional self-acceptance as an antidote to self-esteem (i.e., self-rating) more so than many other psychological perspectives and interventions. Indeed, although unconditional self-acceptance was also discussed in other major theories (see also Rogers, 1953), it was not conceptualized as an antidote to self-esteem. REBT's solution to the problem of self-rating—the core constituent of self—is pragmatic and strives to cultivate *unconditional self-acceptance* (USA), meaning that "the individual fully and unconditionally accepts himself whether or not he behaves intelligently, correctly, or competently and whether or not other people approve, respect, or love him" (Ellis, 1977, p. 101). Ellis and Robb (1994) contend, "unconditional self-acceptance is crucial to solid emotional and behavioral health" (p. 91), namely "getting" and "staying better," rather than only "feeling better."

Ellis and Robb's (1994) claim regarding the virtues of acceptance is entirely consistent with a slew of studies (see Williams & Lynn, 2010) that provide evidence for the positive effects of acceptance related to: (a) an expanded range of available experiences (McCurry & Schmidt, 1994); (b) an increased potential for productive action (Cordova & Kohlenberg, 1994); (c) increased compassion and reduced blaming of others (Greenberg, 1994); (d) increased compliance, serenity, and reasonableness, and decreased negative emotions (McCurry & Schmidt, 1994); (e) reduced posttraumatic stress symptoms following the terrorism attacks of 9/11 (Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002); (f) reduced depression among mothers of children subject to bone marrow transplantation (Manne et al., 2003), and (e) a variety of positive therapeutic outcomes (Greenberg & Safran, 1989).

REBT's construct of unconditional self-acceptance is a part of a more complex acceptance construct, as conceptualized by REBT (see for details David, Lynn, & Ellis, 2010). Indeed, REBT considers that at the core of our mental health lies the rational formulation of our desires. Rational formulation of our desires/goals involves three components: flexible (i.e., nondemanding and non-absolutist) preference, motivational relevance, and acceptance (e.g.,"I would prefer to get a good grade and I will do my best to get it, but I can accept that sometimes things do not happen the way I want them to happen"). If various activating events (e.g., getting a good grade) fit (motivational congruence) our desires formulated rationally, we experience functional positive feelings. If activating events (e.g., getting a bad grade) do not fit (motivational incongruence) our desires formulated rationally, a second wave of informational processing (i.e., rational cognitions/beliefs) follows: (1) frustration tolerance (e.g., "I can stand getting a bad grade, even if I do not like it"); (2) badness (e.g., "It is very bad getting a bad grade and I do not like it, but this is not awful, the end of the word"); and/or (3) unconditional acceptance (e.g., "Getting a

bad grade does not make me a bad person; I can work to improve my performance"), generating functional negative consequences (e.g., unhealthy feelings, maladaptive behaviors). At the core of mental problems lies an irrational formulation of our desires. An irrational formulation of our desires/goals involves three components: demandingness (rigid/absolutistic thinking), motivational relevance, and nonacceptance (e.g., "I must get a good grade, I do my best to get it, and I cannot conceive not getting it"); thus, if one eliminates demandingness, the acceptance of self, others, and world comes naturally. If activating events (e.g., getting a good grade) fit our desires formulated irrationally (motivational congruence), we will experience dysfunctional positive feelings: they are dysfunctional, because they reinforce their underlying irrational beliefs. If activating events (e.g., getting a bad grade) do not fit (motivational incongruence) our desires formulated irrationally, a second wave of information processing follows (i.e., irrational cognition/beliefs): (1) frustration intolerance (e.g., "I can't stand getting a bad grade"); (2) awfulizing/catastrophizing (e.g., "It is awful getting a bad grade, the worst thing that could happen to me"); and/or (3) global evaluation (e.g., "I am a stupid person, because I got a bad grade"), generating dysfunctional consequences (e.g., unhealthy feelings, maladaptive behaviors).

We believe that REBT has a place in the larger contemporary movement within the field of psychotherapy, described as the "third wave" of behavioral and cognitive approaches (Hayes, 2004; Hayes, Follette, & Linehan, 2004). This third wave of acceptance and mindfulness-based approaches, inspired, in part by Buddhism, has expanded in the past two decades or so and include Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), Dialectical Behavior Therapy (Linehan, 1993), and Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990/2005; Kabat-Zinn, 2003).

Indeed, REBT techniques encompass mindfulness in the form of Mindfulness-Based REBT (see Whitfield, 2006). However, in REBT mindfulness can be conceptualized either as a technique for symptom relief (e.g., reducing anxious symptoms without changing their underlying cognitions) engendering "feeling better," and/or as a cognitive restructuring technique (e.g., changing irrational beliefs into rational beliefs with the ultimate aim of changing dysfunctional consequences into functional consequences), generating "feeling better," "getting better," and "staying better." Additionally, acceptance is part of REBT's core construct of psychological flexibility (i.e., flexible preferences/flexible thinking), as discussed above.

Differences in potential mechanisms aside, all of the third-wave approaches valorize acceptance and eschew avoidance of distressing thoughts and emotions. For example, mindfulness-based cognitive therapy (MBCT; Segal et al., 2002), which teaches acceptance and distancing of negative thoughts from the self (i.e., a negative self-judgment is just a thought and not a valid marker of self-worth), produces reductions in the average rate of relapse in depression on the order of 50 % (Hofmann et al., 2010; Piet & Hougaard, 2011). According to Davis and Hayes 's (2011) review, acceptance and mindfulness can elicit positive emotions, promote greater response flexibility, decrease reactivity to thoughts and emotions, and minimize negative affect and rumination.

Similarly, according to REBT, it is most advantageous to accept the self unconditionally and to not evaluate the self (the idea is also applicable and extends to the self of others and to life in general). Indeed, "self" is a complex reality/construct that is too difficult, if not impossible, to evaluate globally. Lama Suryas Das says that "…self is a mere congeries of impermanent, evanescent, ownerless whirling forces, and therefore need not be reified or over-valorized as the true center of our existence, significant, as the fully functioning individuated healthy adult self is ('relative self,' as we call it in Buddhist psychology)" (Das: New Dharma Talks, 2011—unpublished). A global evaluation of the self is an irrational belief that is based on the logical error of overgeneralization. Whereas we can better evaluate specific behaviors, emotions, and cognitions (and even self-concept domains), we cannot evaluate our total or global "self," without committing overgeneralizations and then reifying as an object what is more akin to a contingent process.

Recently, we (DD) have proposed a distinction between philosophical unconditional self-acceptance (phiUSA) and psychological unconditional self-acceptance (psyUSA). Whereas philosophical self-acceptance is related to Ellis's classical proposal described above (Ellis, 1994), psychological self-acceptance is related more to specific domains of self-concept and specific behaviors that people typically rate or evaluate, rather than to the global construal or construction of the self. For example, globally evaluating your "motherhood self-concept" (e.g., "I am a bad mother"), but still accepting yourself (e.g., "I accept myself even though I can be a bad mother at times and not meet all my child's needs, and I can work to improve my behaviors"), would be an example of psychological unconditional self-acceptance. Indeed, Albert Ellis originally proposed philosophical unconditional self-acceptance (e.g., "I accept myself as a person and do not evaluate my personal worth, and I can work to improve my behaviors") as an antidote to global ratings of self-esteem (e.g., "I am a bad/worthless person"). In a parallel way, psychological unconditional self-acceptance (e.g., "I accept myself even though I can be a bad mother at times and not meet all my child's needs, and I can work to improve my behaviors") is proposed as an antidote to self-esteem related to a specific domain (e.g., "I am a bad mother").

This distinction is in line with both the REBT idea of accepting, rather than challenging, distorted inferences/descriptions (e.g., "bad mother") and with similar provisos of Acceptance and Commitment Therapy (see for details, Ellis, 2005). Of course, someone could argue that philosophical unconditional acceptance (e.g., "I accept myself as a person and do not evaluate my personal worth, and I can work to improve my behaviors") could also counteract specific self-esteem concerns (e.g., "I am a bad mother"). We believe this is an empirical issue at the present time, and that future research and theory should take into account the following three observations:

1. *Ecological criterion*: People have a natural tendency to evaluate themselves, even if they are sometimes illogical and overgeneralize the negative in doing so. Allowing in psychotherapy evaluations in the form of self-concept domains and behaviors (e.g., psychological unconditional self-evaluation) would conform to this natural tendency.

2. *Pragmatical criterion*: Because self-rating is a seemingly automatic, natural activity of human beings, in clinical practice it can be difficult to teach clients philosophical unconditional self-acceptance. An alternative is to accept largely inevitable self-rating in relation to various self-concept domains, even if it still involves errors of overgeneralization, and then teach clients psychological unconditional self-acceptance.

3. *Progressive research criterion*: Whereas positive changes in global self-esteem account for positive outcomes in psychotherapy, accounting for self-esteem in specific domains adds to the prediction of various psychological outcomes, beyond global self-esteem (see Dutton & Brown, 1997; Marsh, 1990; Roberts & Gotlib, 1997).

Several studies using measures of phiUSA, as defined in REBT, support REBT's perspective. For example, in a nonclinical adult sample, phiUSA was positively correlated with state mood after imaginal exposure to negative activated events and negatively correlated with anxiety symptoms and with narcissism (Chamberlain & Haaga, 2001a, 2001b). Moreover, participants with high phiUSA displayed low proneness to depression and low self-esteem lability; they also were more objective in evaluating their performance (i.e., public speaking) and were less predisposed to denigrate people who provided negative feedback related to their speech performance (Chamberlain & Haaga, 2001a, 2001b).

Relationship Between Buddhist and REBT's View of Unconditional Self-Acceptance

As we mentioned before, REBT (see Ellis, 2005) has advanced one of the most elaborated theories regarding the self and unconditional self-acceptance, as an alternative to self-rating (e.g., self-esteem). However, the connection between REBT theory focusing on unconditional self-acceptance and the Buddhist tradition has not been well elucidated to date (but see Christopher, 2003).

According to the Buddhist perspective, the illusion (*maya*) of self created by *skandas* based on ignorance, craving (for existence-security, for example), and confusion can be considered a vulnerability factor or precondition to attachment and desires. More precisely, "I" and "Me" are conceptualized as not real, integral entities (self), but rather illusory constructions (*maya*) that carry forward personal narratives, memories, roles, and a sense of identity. As we mentioned earlier, the concept of no-self or illusory self is called *anatman* in the Buddhist tradition. Thus, Buddhism proposes a radical doctrine, as an alternative to self-evaluation, in which we recognize that self is just an illusion; therefore, we can theoretically renounce the tendency to evaluate and then over-valorize the self.

Indeed, according to the Buddhist perspective, it is possible to transcend self-evaluation and experiential avoidance entirely by practicing radical acceptance. Lama Surya Das argues that (unconditional) acceptance has its own transformational magic.

It is not at all identical to, nor synonymous with, complacence and indifference (see also Lama Surya Das, 1997). Much like Albert Ellis, Buddhist mindfulness teacher and therapist Tara Brach (see Brach, 2000) observes that self-aversion (and unworthiness) is one of the most difficult challenges to Westerners today because it causes severe suffering. Therefore, Tara Brach argues in her teachings that radical self-acceptance is the main path to break and escape out of this "emotional prison," so we can discover and experience the freedom that comes with unconditional acceptance (i.e., true appreciation) of both ourselves and others. Radical acceptance is thus viewed by Tara Brach as the gateway to healing sufferings and for spiritual transformation. If we are able to face our experience with radical acceptance, Tara Brach claims it is possible to discover the wholeness, wisdom, joy, and love that are our deepest nature (see also Linehan, 1994; Robins, Schmidt, & Linehan, 2004). Lao Tsu of China, whom Confucius said was like a phoenix, said it ages ago, in his classic wisdom tome known as *Tao Te Ching* (The Way and its Power): "When you accept yourself, the whole world accepts you."

It is, perhaps, important to note here that a healthy and individuated self is neither denied nor controverted by Buddha's teachings; rather, it is the illusory (*maya*) notion of the permanence of the self that the *anatman* teaching is directed at. Selfishness, self-centeredness, and the co-emergent insatiable craving and clingings based on habitual ignorance and conditioning—for example, about where true happiness, fulfillment, and contentment actually reside—is the vital issue to be addressed, according to Buddhism. The Arhat's pure values and virtues—qualities to be developed by aspiring awakeners or enlightenment seekers on the path to liberation—include spiritual detachment, nonattachment (nonclinging), renunciation, equanimity, acceptance, patient forbearance, and impartial altruistic treatment of all beings without exception. Additionally, in the *Bodhisattva doctrine* of the Mahayana School we presented above, personal values and the individuated self should be accompanied by a strong sense of "warm empathic compassion" for others and socially oriented actions (i.e., caritas, self-giving, "self-renunciation" and its natural concomitant unstinting generosity), expressed in community engagement motivated by the goal of attaining nirvana together with all human beings in this world and in the next.

Compared with Buddhist teachings, the Rational Emotive Behavioral Therapy (REBT) model of self is both similar and different yet complementary. Let us examine this model at various levels, as follows. Indeed, any scientific model can be analyzed at three levels: (1) paradigmatic (i.e., philosophical assumptions); (2) theory; and (3) technical implications.

At the paradigmatic level, there are various philosophical positions regarding self. A realism position (e.g., objectivity) would hold that self refers and/or corresponds to a psychological ontological reality. In contrast, an anti-realism position would assume that self does not refer and/or correspond to a psychological ontological reality; rather, it contends that (1) psychological ontological reality of self does not exist independently of our language/concepts (e.g., a constructivism position) and/or (2) our language/concepts cannot capture the psychological

ontological really of "self" as it truly is (e.g., various forms of idealism). A middle way position is represented by pragmatism, which argues that self has a psychological ontological reality, but it is constructed and emerges as a by-product of interactions among a community of people; thus, the community conspires to create a constructed psychological ontological reality of the self. A more atypical position (see functional contextualism) is that we should ignore the issue of ontology (e.g., here the ontology of self) altogether and focus, instead, on the development of scientifically and empirically based theories and models to facilitate understanding the self.

Concerning self at the philosophical level, the REBT position is distinctly mixed. Some clinicians and researchers would embrace realism and/or a pragmatic approach. Others, more behaviorally oriented—and REBT could be seen as a part of behavioral tradition—would say that REBT should put the philosophical issue of the "self" in parentheses and not explore it in detail. Finally, some clinicians and researchers could embrace an anti-realism approach. At this level, the Buddhism perspective on "self" is not in opposition to REBT, unless REBT assumes a realism position.

At the theoretical level, the REBT theory of self proposes that self is part and parcel of our psychological reality that can be investigated scientifically (e.g., hypothesis testing). However, according to REBT, the best way to deal with self in clinical practice is to accept it unconditionally (philosophically and/or psychologically) and to not evaluate it at all. Rather, as we have noted, we can evaluate specific behaviors, emotions, cognitions, and even domains of self-concept, but not our total self. If we do not focus on self in clinical contexts, in REBT terms it could mean that (1) we accept its psychological ontological existence (be it objective and/or constructed), but do not rate it; (2) we accept its existence only as an illusionary construction and therefore, it makes no sense to rate it; and/or (3) we consider the problem of its existence as an unimportant one. Positions 1 and 3 would support a weak connection between REBT and Buddhism, with practices common to Buddhism and REBT (e.g., ignoring/avoiding the self-rating process), but not common theories (e.g., the philosophical/theoretical status of self). However, position 2 could support a strong connection between REBT and Buddhism, with both shared practices and theories. Thus, REBT is not in opposition to Buddhist tradition, although their connection may vary in terms of strong vs. weak, as specified above.

Note that unlike REBT, other cognitive-behavioral therapies (CBTs) (e.g., Beck's cognitive therapy; Beck, 1995) promote the importance of self-esteem, which involves self-evaluation. Thus, according to cognitive therapy, positive self-esteem could enhance mental health, whereas negative self-esteem could be detrimental to mental health. However, if a client evaluates the "self"—be it positive and/or negative—it means the client assumes its existence (ontologically and/or constructed) and works within this framework. Even if its existence is considered to be a constructed one, because clients jump into or reify this construction (i.e., illusion—in Buddhism terms), this perspective is clearly in opposition to Buddhist tradition.

At the technical/pragmatic level, REBT is interested in developing techniques that could help people to renounce self-evaluation (i.e., self-esteem) and focus on unconditional self-acceptance. At this level, Buddhist techniques could be and are already easily assimilated into classical REBT (e.g., concentrative and/or mindfulness meditation), even if the correspondence between REBT and Buddhism is not one-to-one at a paradigmatic and/or theoretical level. Moreover, mindfulness-based REBT (see Whitfield, 2006) is already a common practice among REBT therapists, paralleling the development of other mindfulness-based approaches, such as MBCT. Practically, many techniques included in the Buddhism's *marga* (the path) could be integrated in REBT intervention packages, once they are adapted to the cultural background of each client. Having said that, we think that the reverse could also be true. For example, the REBT distinction between desires formulated rigidly (e.g., "I must absolutely get the position I want, otherwise I can not conceive of living") and desires formulated flexibly (e.g., "I would like to get the position and I do my best, but I accept that sometimes things do not happen the way I want") (see for details David et al., 2010) could be related to the third noble truth of Buddhism. More precisely, rather than renouncing craving-desires completely, which could be very difficult to accomplish, we can establish first a more rational formulation of them, in terms of flexible and nonattaching preferences (accompanied by the acceptance of not meeting your desires formulated rationally), as an intermediate, perhaps more pragmatic, step before complete renunciation.

Conclusions

An interesting article by Christopher (2003), "Albert Ellis and the Buddha: Rational Soul Mates? A Comparison of Rational Emotive Behavior Therapy (REBT) and Zen Buddhism" explored the relations between REBT and Buddhism at a general level (see for details Christopher, 2003). In this chapter, we have focused mainly only on one core component of REBT (and other psychotherapies), namely unconditional self-acceptance.

Both REBT and Buddhism consider judgmental self-evaluation to be detrimental. According to REBT, self-evaluation negatively impacts mental health. Whereas improved self-esteem could support "feeling better," it does not support "getting and staying better," because self-evaluation is a vulnerability factor for poor mental health. According to the tenets of Buddhism, self-evaluation is detrimental in terms of liberation from *samsara* because "self" and self-evaluation encourage attachment and desires; in fact, they are themselves forms of attachment.

The conceptualization of self and self-evaluation is slightly different in Buddhism and REBT. In Buddhism "self" is an illusion, and we can liberate ourselves from this illusion by understanding the Four Noble Truths and following the *marga* (the path). In REBT the nature of self cannot be narrowly or operationally defined easily, because it possesses components related to both behavioral and cognitive traditions (e.g., by-product of our mind—as per the behavioral tradition, versus a construct

referring to a real psychological phenomenon—as per the cognitive tradition); therefore, the REBT theoretical and practical solution is to avoid self-evaluation by focusing on the specific evaluation of our behaviors, cognitions, emotions, and self-concept domains. Whereas avoiding self-rating in REBT is a goal compatible with Buddhism, the evaluation of specific domains of self in REBT is clearly not in accordance with Buddhist teachings (for Buddhism, these specifics are like illusions themselves, merely concepts and/or projections and interpretations further binding and attaching us to the illusionary world conditioning of samsara). Despite these conceptual differences, the techniques used in Buddhism to circumvent self-evaluation and self-clinging (e.g., meditation) could be and often are fully assimilated in REBT procedures (e.g., mindfulness techniques).

To conclude, both REBT and Buddhism agree that self-evaluation is detrimental. However, they propose alternative conceptualizations to contend with self-evaluation that are potentially complimentary. In the case of Buddhism, self is thought to be an illusion, whereas in the case of REBT, unconditional self-acceptance replaces self-evaluation at the global level. For practical reasons, the techniques proposed by Buddhism's *marga* (the path) and REBT (e.g., cognitive restructuring, behavioral modification, emotive techniques) to contend with self-evaluation could be easily incorporated in both traditions. For example, in REBT, mindfulness meditation is conceptualized as an emotive technique (e.g., using experiential techniques to change irrational/dysfunctional cognitions), and in Buddhist practice, flexible formulation of desires could be used to reduce the attachment/craving component of desires, as an intermediate step before complete renunciation of desires and freedom from attachments to cravings. Clearly, both perspectives, alone and in tandem, can enrich people who seek self-acceptance, love and self-compassion, inner pace, and vibrant living.

References

Amir, N., Coles, M. E., Brigidi, B., & Foa, E. B. (2001). The effect of practice on recall of emotional information in individuals with generalized social phobia. *Journal of Abnormal Psychology, 110*(1), 76–82.

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*(2), 125–143. doi:10.1093/clipsy.bpg015.

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*(1), 27–45. doi:10.1177/1073191105283504.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford.

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., et al. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 20*(3), 343–347. doi:10.1037/0893-164X.20.3.343.

Brach, T. (2000). *Radical self-acceptance: A Buddhist guide to freeing yourself from Shame*. Sounds True: Audio Cassette.

Buswell, R. E. (2004). *Encyclopedia of Buddhism*. New York: Macmillan.

Chamberlain, J. M., & Haaga, D. A. F. (2001a). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 19*(3), 163–176.

Chamberlain, J. M., & Haaga, D. A. F. (2001b). Unconditional self-acceptance and responses to negative feedback. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 19*(3), 177–189.

Christopher, M. S. (2003). Albert Ellis and the Buddha: Rational soul mates? A comparison of rational emotive behaviour therapy (REBT) and Zen Buddhism. *Mental Health, Religion and Culture, 6*(3), 283–293.

Coogan, M. D. (2003). *The illustrated guide to world religions*. Oxford: Oxford University Press.

Cordova, J. V., & Kohlenberg, R. J. (1994). Acceptance and the therapeutic relationship. In S. C. Hayes, N. S. Jacobson, V. M. Follette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (pp. 125–140). Reno, NV: Context.

Dalgleish, T., & Yiend, J. (2006). The effects of suppressing a negative autobiographical memory on concurrent intrusions and subsequent autobiographical recall in dysphoria. *Journal of Abnormal Psychology, 115*(3), 467–473. doi:10.1037/0021-843X.115.3.467.

David, D., Lynn, S. J., & Ellis, A. (2010). *Rational and irrational beliefs: Research, theory, and clinical practice*. Oxford: Oxford University Press.

Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practical review of psychotherapy-related research. *Psychotherapy, 48*(2), 198–208.

Dawes, R. (1996). *House of cards*. New York, NY: Simon and Schuster.

Dutton, K. A., & Brown, J. D. (1997). Global self-esteem and specific self-views as determinants of people's reactions to success and failure. *Journal of Personality and Social Psychology, 73*(1), 139–418.

Ellis, A. (1977). Psychotherapy and the value of a human being. In A. Ellis & R. Grieger (Eds.), *Handbook of rational-emotive therapy* (pp. 99–112). New York: Springer.

Ellis, A. (1994). *Reason and emotion in psychotherapy*. Secaucus, NJ: Carol.

Ellis, A. (2005). *The myth of self-esteem: How rational emotive behavior therapy can change your life forever*. Amherst, New York: Prometheus Books.

Ellis, A., & Robb, H. (1994). Acceptance and rational-emotive therapy. In S. C. Hayes, N. S. Jacobson, V. M. Follette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (pp. 91–102). Reno, NV: Context.

Greenberg, L. (1994). Acceptance in experiential therapy. In S. C. Hayes, N. S. Jacobson, V. M. Follette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (pp. 73–86). Reno, NV: Context.

Greenberg, L. S., & Safran, J. D. (1989). Emotion in psychotherapy. *The American Psychologist, 44*(1), 19–29.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits. *Journal of Psychosomatic Research, 57*(1), 35–43. doi:10.1016/S0022-3999(03)00573-7.

Grossman, P., Tiefenthaler-Gilmer, U., Raysz, A., & Kesper, U. (2007). Mindfulness training as an intervention for fibromyalgia: Evidence of postintervention and 3-year follow-up benefits in well-being. *Psychotherapy and Psychosomatics, 76*(4), 226–233. doi:10.1159/000101501.

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy, 35*(4), 639–665.

Hayes, S. C., Follette, V. M., & Linehan, M. M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York, NY: Guilford.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: Understanding and treating human suffering*. New York: Guilford.

Hayes, S. C., & Wilson, K. G. (2003). Mindfulness: Method and process. *Clinical Psychology: Science and Practice, 10*(2), 161–165.

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78*(2), 169–183. doi:10.1037/a0018555.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delta Trade Paperbacks.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156.

Karekla, M., Forsyth, J. P., & Kelly, M. M. (2004). Emotional avoidance and panicogenic responding to a biological challenge procedure. *Behavior Therapy, 35*, 725–746.

Lama Surya Das, S. (1997). *Awakening the Buddha within: Eight steps to enlightenment*. New York, NY: Bantam Books.

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

Linehan, M. M. (1994). Acceptance and change: The central dialectic in psychotherapy. In S. C. Hayes, N. S. Jacobson, V. M. Follette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (pp. 73–86). Reno, NV: Context.

MacLeod, M. D., Bjork, R. A., & Bjork, E. L. (2003). The role of retrieval-induced forgetting in the construction and distortion of memories. In B. Kokinov & W. Hirst (Eds.), *Constructive memory: NBU series in cognitive science* (pp. 55–68). Sophia: New Bulgarian University.

Manne, S., Duhamel, K., Ostroff, J., Parsons, S., Martini, D. R., Williams, S. E., et al. (2003). Coping and the course of mother's depressive symptoms during and after pediatric bone marrow transplantation. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*(9), 1055–1068.

Marsh, H. W. (1990). A multidimensional, hierarchical model of selfconcept: Theoretical and empirical justification. *Educational Psychology Review, 2*, 77–172.

McCrae, R. R., & Costa, P. T., Jr. (1996). Toward a new generation of personality theories: Theoretical contexts for the Five-Factor Model. In J. S. Wiggins (Ed.), *The Five-Factor Model of personality: Theoretical perspectives* (pp. 51–87). New York: Guilford.

McCurry, S. M., & Schmidt, A. (1994). Acceptance, serenity and resignation in elderly caregivers. In S. C. Hayes, N. S. Jacobson, V. M. Folette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy*. Reno, University of Nevada: Context.

Passer, M. W., & Smith, R. E. (2009). *Psychology: The science of mind and behavior* (4th ed.). New York, NY: McGraw-Hill Higher Education.

Piet, J., & Hougaard, E. (2011). The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and meta-analysis. *Clinical Psychology Review, 31*(6), 1032–1040.

Polivy, J., & Herman, C. P. (1987). Diagnosis and treatment of normal eating. *Journal of Consulting and Clinical Psychology, 55*(5), 635–644.

Roberts, J. E., & Gotlib, I. H. (1997). Temporal variability in global self-esteem and specific self-evaluation as prospective predictors of emotional distress: Specificity in predictors and outcome. *Journal of Abnormal Psychology, 106*(4), 521–529.

Robins, C. J., Schmidt, H., & Linehan, M. M. (2004). Dialectical behavior therapy: Synthesizing radical acceptance with skillful means. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 30–44). New York: Guilford.

Roemer, L., Orsillo, S. M., & Salters-Pedneault, K. (2008). Efficacy of an acceptance-based behavior therapy for generalized anxiety disorder: Evaluation in a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 76*(6), 1083–1089.

Rogers, C. R. (1953). The interest in the practice of psychotherapy. *The American Psychologist, 8*, 48–50.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: The Guilford.

Silver, R. C., Holman, E. A., McIntosh, D. N., Poulin, M., & Gil-Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September 11. *The Journal of the American Medical Association, 288*(10), 1235–1244.

Strauss, J., Doyle, A. E., & Kreipe, R. E. (1994). The paradoxical effect of diet commercials on reinhibition of dietary restraint. *Journal of Abnormal Psychology, 103*(3), 441–444.

Teasdale, J. D., Segal, Z., & Williams, J. M. (1995). How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behaviour Research and Therapy, 33*(1), 25–39.

Teasdale, J. D., Segal, Z. V., Williams, J. M., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology, 68*(4), 615–623.

Wegner, D. M., Schneider, D. J., Carter, S. R., 3rd, & White, T. L. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology, 53*(1), 5–13.

Whitfield, H. J. (2006). Towards case-specific applications of mindfulness-based cognitive-behavioural therapies: A mindfulness-based rational emotive behaviour therapy. *Counselling Psychology Quarterly, 19*(2), 205–217.

Williams, J. C., & Lynn, S. J. (2010). Acceptance: An historical and conceptual review. *Imagination, Cognition and Personality, 30*(1), 5–56.