

# Unconditional Self Acceptance and Self Esteem in Relation to Frustration Intolerance Beliefs and Psychological Distress

Tahira Jibeen<sup>1</sup>

Published online: 30 September 2016  
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**Abstract** The present study examines the moderating role of unconditional self acceptance and self esteem in relation to frustration intolerance beliefs and psychological distress. Participants were one hundred and fifty student (aged 18–25) studying at three universities (COMSATS Institute of Information Technology, University of Management Sciences, and University of Central Punjab) of Lahore, Pakistan. They completed a demographic information sheet, the Frustration Discomfort Scale (Harrington in *Clin Psychol Psychother* 12:374–387, 2005a), the Rosenberg Self-Esteem Scale (Rosenberg in *Society and the adolescent self image*. Princeton University Press, Princeton, 1965), the Unconditional Self Acceptance Questionnaire (Chamberlain and Haaga in *J Ration Emotive Cogn Behav Ther* 19:163–176, 2001a), and the General Health Questionnaire (Goldberg in *Manual of the General Health Questionnaire*. NFER Nelson, Great Britain, 1972). The results demonstrated the moderating effects of unconditional self acceptance and self esteem in the relationship between frustration intolerance beliefs (entitlement, achievement, emotional intolerance, and discomfort intolerance) and psychological distress. The present findings highlight the importance unconditional self acceptance that reduces the emotional problems of students hindering their educational and personal growth.

**Keywords** Frustration intolerance · Irrational beliefs · Unconditional self-acceptance · Self-esteem · Psychological distress

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✉ Tahira Jibeen  
tahiraimdadali@hotmail.com

<sup>1</sup> Humanities Department, COMSATS Institute of Information Technology, Lahore, Pakistan

## Introduction

A salient feature of Rational Emotive Behavior Therapy (REBT), is that people are not disturbed by events per se, but by the views and beliefs they have of the events (Epictetus, as cited in Ellis 1962). The REBT philosophy assumes that humans have both innate rational and irrational tendencies and leanings. Irrational beliefs are unreasonable, rigid and inconsistent with reality, whereas rational beliefs are reasonable, flexible and consistent with reality (Ellis 2004). Researchers suggest that more rational and realistic ways of thinking produce healthier emotions, functional behaviors, and greater acceptance of the self and others, whereas, irrational thinking pattern leads towards unhealthy emotions, dysfunctional behaviors and a lack of self-acceptance (Coon and Mitterer 2009; Davies 2008; Dryden and Neenan 2004; Ellis 1994).

Irrational beliefs have been described in two categories in terms of their overall belief content, including ego disturbance and discomfort disturbance (Ellis 1979). Ellis (1994) proposed that frustration intolerance beliefs are distinct from those regarding the self-worth. Generally, self-worth and frustration intolerance beliefs are characterized by different types of cognition (DiGiuseppe 1996; Rorer 1989). In REBT, frustration intolerance is usually described as if it represented a single belief dimension (Dryden 1999). It refers to the demand for comfort and gratification and the belief that reality should be how we want it to be. The review of the REBT literature shows that frustration intolerance encompasses a wide range of belief content, including the intolerance of emotions, hassles, effort, difficulty, everyday discomfort, delayed gratification and injustice, and frustrated goals (Dryden and Gordon 1993). Moreover, REBT theory often describes specific areas of frustration intolerance as being more closely related to some problems than others. Ellis (1980) indicated that it is possible to relate all forms of emotional problems to the frustration intolerance problem, but for maximum usefulness these beliefs are best viewed as separate from self worth beliefs (p. 30). Limited empirical evidence suggests that specific areas of frustration intolerance are related to discrete problems. For instance, McDermot et al. (1997) found that loss of comfort was related to depressed mood, whereas intolerance of uncertainty was considered to be central to generalized anxiety (Dugas et al. 1998).

The irrational beliefs related to ego disturbance are based on a definition of self-worth that is dependent on meeting certain conditions and the demands that one must perform well or gain approval to achieve self-worth (Ellis 1994). Some authors have focused on individual differences in self-acceptance and highlighted the role of unconditional self-acceptance in personal well-being (Chamberlain and Haaga 2001a, b; Davies 2006; Ellis and Dryden 1997). The unconditional self-acceptance refers to accepting oneself unconditionally, regardless of whether one behaves competently or correctly and whether others are likely to express approval or respect. Both Albert Ellis and Carl Rogers indicated that self-worth conditioning is related to psychological distress, whereas unconditional self-acceptance promotes the personal adjustment and well-being (Ellis 1962; Flett et al. 2003; Rogers 1951).

The unconditional self acceptance allows individuals to pursue excellence, and to seek the approval of others, not because of internalized absolutes, or over-generalized needs, but to satisfy desires and preferences (Ellis 2003; Rogers 1959). In many respects, the distinction between conditional and unconditional self-acceptance mirrors Hamachek's (1978) distinction between neurotic perfectionists, who need success and acceptance, and normal perfectionists, who pursue excellence without negative consequences.

Though a good deal of research has been carried out on irrational beliefs, few studies have been done on self-acceptance due to lack of a reliable and valid measure of self acceptance (Blascovich and Tomaka 1991). Contemporary research on individual differences in unconditional self-acceptance indicates that lower level of unconditional self-acceptance is deleterious to well-being and, in some cases, could lead to some mental disorders. Other authors have noted that many individuals view their self-worth as being contingent on the attainment of various outcomes (Kuiper and Olinger 1989; Crocker et al. 2003a, b).

The concept of self-esteem has elicited a large body of theoretical accounts and empirical research (see, e.g., Baumeister 1998; Kernis 2005; Kernis and Goldman 2006; Swann and Bosson 2010). Historically, the first influential definition of self-esteem dates back to James (1890), who considered self-esteem to be the ratio of success and pretensions in important life domains. Subsequently, this construct has been differentiated to a greater extent. For instance, in his conception of the looking-glass self, Cooley (1902) hypothesized that self-views are based upon information gathered from explicit or implicit feedback from others. More recent definitions of self-esteem emphasize the fact that self-esteem should be distinguished from other components of the self-concept (such as self-knowledge and self-efficacy), insofar as self-esteem represents the affective or an evaluative component of the self-concept; it signifies how people feel about themselves (Leary and Baumeister 2000). The affective self-evaluation is subjective at its core and is not based on specific behaviors (Robins et al. 2001).

Self-esteem is commonly defined as an individual's sense of value or worth, or the extent to which a person approves of, appreciates, or likes him or herself (Blascovich and Tomaka 1991). Research on irrational beliefs and self-esteem is significant from both a theoretical perspective and a practical perspective (Michael and Robert 1983; Leary and MacDonald 2003). Studies supporting the buffer hypothesis indicate that high self-esteem mitigates the effects of stress, but other studies, come to the opposite conclusion indicating that the negative effects of low self-esteem are mainly felt in good times (Baumeister et al. 2003; Brown and Marshall 2006). One potentially important line of investigation that has emerged in recent research focuses on the possibility that self-esteem moderates or buffers the adverse effects of negative outcomes across a range of domains (Corning 2002; Ford and Collins 2010). REBT considers that USA is associated with healthy emotions and helpful behaviour, whilst in contrast, self-esteem is associated with self-rating and psychological disturbance (Ellis 1977, p. 101; Ellis 2003). Therefore, the current study will investigate the moderating role of two important constructs, including self esteem and unconditional self acceptance in the relationship between frustration intolerance dimensions and psychological distress.

The following hypotheses were established after review of the literature.

## Hypothesis

**H1** Frustration intolerance dimensions (entitlement, achievement, emotional intolerance, and discomfort intolerance) are positively associated with psychological distress and negatively with USA and self esteem.

**H2** The influence of frustration intolerance dimensions on psychological distress is moderated by high USA and high self esteem.

## Method

### Participants

Participants were 150 students (90 males, 60 females) aged from 18 to 25 years (mean age = 19.63 years, SD = 1.54) studying at three universities (COMSATS Institute of Information Technology, University of Management Sciences, and University of Central Punjab) of Lahore, Pakistan. Demographic information and following four assessment tools were used in the present research.

### Measures

#### *The Frustration Discomfort Scale*

It consists of 28 statements with four sub-scales of 7 items: discomfort intolerance, entitlement, emotional intolerance and achievement (Harrington 2005a). All statements are worded in terms of frustration intolerance (“I can’t stand/tolerate/bear”). Respondents rate the strength of belief on a 5-point Likert-type scale with the following anchors: (1) absent, (2) mild, (3) moderate, (4) strong, (5) very strong. Higher scores indicate greater frustration intolerance. The emotional intolerance items on the FDS reflect the belief that emotional distress is intolerable and must be avoided or controlled, whereas entitlement reflects the belief that desires *must* be met and that other people *should* not frustrate these desires, (i.e., “I must have what I want and other people should not make things difficult for me.”). The concept of entitlement consists of two facets: fairness (“I can’t tolerate being taken advantage of.”) and immediate gratification (“I can’t stand having to wait for something I want”). Discomfort intolerance represents the belief that life should be easy, comfortable, and free from hassles (i.e., “Tasks that I attempt absolutely must not be too difficult. I can’t stand doing them” (Harrington 2005c). Further, achievement frustration represents the belief that individuals must not be prevented from reaching their goals. Analysis of the FDS has found solid evidence for the psychometric properties of the instrument (Harrington 2005a). In the current study, the instrument was reported to have moderate sub-scale reliabilities as the Cronbach’s alpha measure of internal consistency ranged from .80 to .87 (see

**Table 1** Means, standard deviation, reliability and intercorrelation among study variables (150)

	E.Int	Entit	Ach	D.I	S. E	U.A	Dis
E.int	1						
Entit	.72***	1					
Ach	.73***	.75***	1				
D.I	.72***	.70***	.71***	1			
S.E	-.18*	-.38***	-.20*	-.15*	1		
U.A	-.40***	-.44***	-.37**	-.41***	.48***	1	
Dis	.48***	.45***	.30***	.41***	-.49***	-.41***	1
M	23.59	24.58	22.41	23.71	16.76	88.01	15.60
SD	4.71	5.71	4.75	4.72	2.95	11.62	5.16
$\alpha$	.80	.77	.83	.87	.85	.79	.82

The number do not always lead up to 150 due to some missing data

E. Int, emotional intolerance; Entit, entitlement; Ach, achievement; D.I, discomfort intolerance; S.E, self esteem; U.A, unconditional self acceptance; Dis, distress

\*  $p \leq .05$ ; \*\*  $p \leq .01$ ; \*\*\*  $p \leq .001$  or less

Table 1). Coefficient alphas were: .80 (emotional intolerance), .87 (discomfort), .77 (entitlement), .83 (achievement frustration).

### *The Rosenberg Self-Esteem Scale*

Self-esteem was measured using the Rosenberg Self-Esteem Scale—Short Form (Rosenberg 1965). Students were asked to respond to the 10-item instrument, which consisted of a Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree). The psychometric properties of the Rosenberg scale have been studied perpetually since the development of the scale in 1965, and the underlying measurement structure has been widely debated. This debate revolves around the question of whether there are one or two dimensions to the scale. Greenberger et al. (2008) reported Cronbach's alpha as  $\alpha = .91$ . In the present study, Cronbach's alpha was  $\alpha = .85$  (Table 1).

### *Unconditional Self-Acceptance Questionnaire*

The Unconditional Self Acceptance Questionnaire (Chamberlain and Haaga 2001a) is a 20-item scale with 11 reverse-keyed items. The USAQ is a 20-item inventory (Cronbach  $\alpha = .72$ ) generated from the Rational-Emotive Behavior Theory/Therapy literature. This scale assesses a specific rational belief (i.e., unconditional self-acceptance) that one fully and unconditionally accepts oneself, regardless of behavior, achievement, approval, respect, or love from others (Ellis 2005). A high score indicates a high level of unconditional self-acceptance (some items are reversed for scoring). It consists of such items as "I believe that I am worthwhile simply because I am a human being" and "I feel I am a valuable person even when other people disapprove of me. Chamberlain and Haaga (2001a) reported a

Cronbach alpha of .72 which is an acceptable level of internal consistency. In the current study, the Cronbach's alpha was  $\alpha = .79$ . (Table 1).

### *General Health Questionnaire*

The 12-item General Health Questionnaire is a short form version of the General Health Questionnaire (60-items) which is an instrument designed to detect cases as opposed to non-cases of psychiatric disorders in both clinical and non-clinical populations (Goldberg 1972). The scale measures the recent state of subjective well-being in four areas: psychosomatic symptoms, anxiety and insomnia, social dysfunction and depression. Higher scores indicate a greater number of symptoms of psychological distress experienced (Goldberg and Williams 1988). Goldberg and Williams (1988) reported that for studies employing the GHQ-12, correlation coefficients varied between .71 and .91, with a median of .86. Both Split-half and Cronbach's alpha analyses have demonstrated satisfactory internal consistency. Cronbach's alpha in the present study was .82 (Table 1).

### *Procedure*

The present study applied the convenience sampling technique and informed consent was obtained from all the undergraduate students before the distribution of the questionnaires in classes at COMSATS Institute of Information Technology, Lahore, Pakistan. To maintain confidentiality, all responses were made anonymous, and participants were assured that their personal identification would be kept separate from the filled questionnaires and would be used only for the study purpose. Participants voluntarily completed questionnaires (duration: 25–30 min) containing The Frustration Discomfort Scale, the Rosenberg Self-Esteem Scale, Unconditional Self-Acceptance and General Health Questionnaire in a group situation.

## **Results and Discussion**

Table 1 presents the means, standard deviations, and correlations for all variables of interest in this study. The internal consistency (Cronbach's  $\alpha$ ) of the FDS sub scales ranged from satisfactory to good (for frustration intolerance belief dimensions ( $.77 < \alpha < .87$ )). The reliability estimates of unconditional self acceptance ( $\alpha = .79$ ), self esteem ( $\alpha = .85$ ), and psychological distress ( $\alpha = .82$ ) were also moderate.

In the present study, FDS sub-scales mean and standard deviation were higher than those reported for the original student sample, whereas the self esteem mean and standard deviation scores were higher than those reported for the clinical sample (Harrington 2005a). The current mean and standard deviation scores of unconditional self acceptance scale were similar to those reported in another study conducted with student samples (Chamberlain and Haaga 2001a, b). Further, GHQ-

12 mean and standard deviation scores were not significantly different from a Malaysian student population (Ibrahim et al. 2014).

Independent-*t* test and Univariate analysis of variance (ANOVA) did not indicate any group differences regarding demographic variables (e.g., age, gender, income comfort level) in terms of psychological distress. Before creating an estimated model, a correlation analysis was performed between the variables (Table 1). In the present sample, frustration intolerance beliefs correlated positively with distress, including emotional intolerance ( $r = .48, p < .001$ ), entitlement ( $r = .45, p < .001$ ), achievement ( $r = .30, p < .01$ ), and discomfort intolerance ( $r = .41, p < .001$ ). Further, unconditional self acceptance and self esteem were negatively moderately associated with distress, respectively ( $r = -.49, p < .001$ ;  $r = -.46, p < .001$ ). While controlling for self esteem, the partial correlation indicated a significant negative correlation between frustration intolerance beliefs, including emotional intolerance ( $r = -.38, p < .001$ ), entitlement ( $r = -.47, p < .001$ ), achievement ( $r = -.23, p < .01$ ), and discomfort intolerance ( $r = -.34, p < .001$ ).

### Interaction Effects

A series of moderated regression analyses were performed to examine the moderating effects of self esteem and unconditional self acceptance in the relationship between each of irrational belief (discomfort intolerance, entitlement, emotional intolerance, achievement) and psychological distress. The results of the regression analyses are summarized in Tables 2 and 3.

Current analysis indicated that unconditional self acceptance emerged to be a significant moderator in the relationship between discomfort intolerance and distress

**Table 2** Moderated regression analyses predicting psychological distress from irrational beliefs and unconditional self acceptance (N = 150)

Variable	B	SE	$\beta$
Discomfort intolerance	.58	.13	.41***
Unconditional self acceptance	-.22	.05	-.39***
Discomfort intolerance $\times$ Un. self acceptance	-.08	.01	-.38***
Entitlement	.71	.09	.58***
Unconditional self acceptance	-.1	.05	-.18*
Entitlement $\times$ un. self acceptance	-.06	.01	-.29***
Emotional intolerance	.69	.12	.51***
Unconditional self acceptance	-.19	.05	-.34***
Emotional Intolerance $\times$ un. self acceptance	-.04	.01	-.20**
Achievement	.52	.14	.31**
Unconditional self acceptance	-.07	.05	-.14
Achievement $\times$ un. self acceptance	-.01	.01	-.57

*B* unstandardized coefficients,  $\beta$  standardized coefficients, *SE* standard error

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$  or less

**Table 3** Moderated regression analyses predicting psychological distress from irrational beliefs and self-esteem (N = 150)

Variable	B	SE	$\beta$
Discomfort intolerance	.68	.12	.46***
Self esteem	-.75	.14	-.42***
Discomfort intolerance $\times$ self esteem	-.19	.04	-.34***
Entitlement	.72	.09	.59***
Self esteem	-.53	.14	-.30***
Entitlement $\times$ self esteem	-.11	.02	-.18**
Emotional intolerance	.62	.13	.39***
Self esteem	-.69	.13	-.41***
Emotional intolerance $\times$ self esteem	-.20	.04	-.36***
Achievement	.42	.13	.26***
Self esteem	-.82	.14	-.42***
Achievement $\times$ self esteem	-.04	.05	-.75

*B* unstandardized coefficients,  $\beta$  standardized coefficients, *SE* standard error

\*  $p < .05$ ; \*\*  $p < .01$ ;

\*\*\*  $p < .001$  or less

(Table 2). When discomfort intolerance was entered individually in step 1, it did account for 16 % of variance in psychological distress ( $\beta = .41$ ,  $p < .001$ ). It explained a significant amount of variance (16 %) in psychological distress scores,  $F = (1, 135) = 20.02$ ,  $p < .001$ . At step 2, unconditional self acceptance indicated main effects,  $\beta = -.39$ ,  $p > .001$ ). In the final step, the cross-product term (discomfort intolerance and unconditional self acceptance) accounted for a significant effect in psychological distress, ( $\beta = -.38$ ,  $p < .001$ ). It suggested that unconditional self acceptance significantly reduced the relations between discomfort intolerance and distress (see Table 2). The moderating effects added 14 % of the variance as the  $R$  value reached to 44 from 30 [ $R^2 = .44$ ,  $F = (3, 135) = 28.60$ ,  $p < .001$ ].

The role of unconditional self acceptance was also examined in the relationship between entitlement and psychological distress (Table 2). The entitlement accounted for 36 % of the variance ( $\beta = .58$ ,  $p < .001$ ) in psychological distress,  $F = (1, 137) = 56.08$ ,  $p < .001$ . It suggested that entitlement was increasing the psychological distress. In the final step, entitlement and unconditional self acceptance accounted for 13 % of variance in psychological distress ( $\beta = -.29$ ,  $p < .001$ ) as the  $R^2$  value reached to 54 from 41 % [ $R^2 = .54$ ,  $F = (3, 137) = 42.61$ ,  $p < .001$ ]. It suggested that unconditional self acceptance moderated the relations between entitlement and psychological distress in the terms of decreasing the distress.

The hypothesis regarding the moderating role of unconditional self acceptance in the relation between emotional intolerance and distress was examined. In step 1, emotional intolerance accounted for 22 % of the variance in psychological distress,  $R^2 = .22$ ,  $F = (1, 145) = 28.47$ ,  $p < .001$ . It suggested that emotional intolerance was increasing the psychological distress. Further, the interaction between emotional intolerance and unconditional self acceptance was significant, ( $\beta = -.20$ ,  $p < .001$ , as it added for a significant amount of variance (4 %) in psychological distress as the  $R^2$  value reached to 38 % from 34 % [ $R^2 = .38$ ,  $F = (3, 145) = 19.79$ ,  $p < .001$ ]. It suggested that unconditional self acceptance



moderated the relations between emotional intolerance and psychological distress in the terms of decreasing the distress. Finally, the role of achievement was examined and its main effect accounted for 15 % of the variance in distress,  $R^2 = .15$ ,  $F = (1, 145) = 19.17$ ,  $p < .001$ . Further, the moderating role of unconditional self acceptance in the relationship between achievement and psychological distress was not supported,  $F < 1$ . It indicated that unconditional self acceptance did not buffer the achievement related irrational beliefs in terms of decreasing psychological distress.

The hypothesis regarding the moderating role of self esteem in the relation between discomfort intolerance and distress was examined (Table 3). The discomfort intolerance accounted for 18 % of the variance in psychological distress,  $R^2 = .18$ ,  $F = (1, 142) = 22.54$ ,  $p < .001$ . At step 2, self esteem indicated main effects, [ $\beta = -.46$ ,  $p < .001$ ;  $F = (1, 142) = 29.78$ ,  $p < .001$ ]. It accounted for 20 % of the variance as the  $R^2$  value increased to 40 % from 20 %. In the final step, discomfort intolerance and self esteem accounted 8 % of the variance in psychological distress [ $R^2 = -.34$ ,  $F = (1, 142) = 30.46$ ,  $p < .001$ ]. It suggested that self esteem significantly moderated the relations between discomfort intolerance and distress (Table 3).

The role of self esteem was also examined in the relationship between entitlement and psychological distress. In step 1, entitlement accounted for a significant amount of variance in psychological distress, ( $\beta = .59$ ,  $p < .001$ ). The self esteem did indicate main effects, [ $\beta = -.30$ ,  $p < .01$ ;  $F(1, 144) = 41.07$ ,  $p < .001$ ]. In the final step, entitlement and self esteem accounted for 8 % of the variance in psychological distress, as the  $R^2$  increased to 53 % from 45 %,  $F(1, 144) = 41.75$ ,  $p < .001$ ;  $\beta = -.18$ ,  $p < .01$ . It suggested that self esteem significantly decreased the level of distress.

The role of self esteem in the relation between emotional intolerance and distress was examined. In step 1, emotional intolerance accounted for 22 % of the variance in psychological distress,  $R^2 = .22$ ,  $F = (1, 143) = 27.79$ ,  $p < .001$ . The main effect of self esteem was significant,  $\beta = -.41$ ,  $p < .001$ . In the final step, the interaction between emotional intolerance and self esteem was significant ( $\beta = -.36$ ,  $p < .001$ ) as the  $R^2$  reached to 49 % of the variance from 41 %, accounting for 8 % of the variance  $F = (1, 143) = 31.96$ ,  $p < .001$ . It suggested that self esteem decreased the level of distress. Finally, the role of self esteem in the relation between achievement and distress was examined. The main effect of self esteem was significant [ $\beta = -.42$ ,  $p < .001$ ;  $F = (1, 143) = 22.69$ ,  $p < .001$ ], but the moderating role of self esteem in the relationship between achievements and psychological distress was not supported,  $F < 1$ . It suggested that self esteem did not buffer the achievement related irrational beliefs in terms of decreasing psychological distress.

The purpose of this research was to clarify and extend previous research on irrational beliefs and psychological distress by incorporating a focus on individual differences in unconditional self-acceptance and self esteem. Overall, the findings of the present study are clearly in line with predictions. The first main finding that emerged from this study was that higher scores on FDS irrational belief dimensions (emotional intolerance, discomfort intolerance, entitlement and achievement) were

associated with much higher scores on psychological distress and lower scores on unconditional self-acceptance and self esteem. Empirical evidence, limited as it is, does support the idea that specific areas of frustration intolerance are related to psychological problems (Harrington 2006; McDermot et al. 1997; Dugas et al. 1998). For example, Stankovic (2011) found significant relationships between FDS dimensions and dysfunctional emotions whilst controlling for self-worth, in a non-clinical sample. He found a relationship between entitlement and anger, motional intolerance and anxiety, and discomfort intolerance with depressed mood. In the current study, achievement related irrational beliefs were also positively related to psychological distress and it has been argued that despite the potential of achievement related irrational beliefs to bring about the desirable level of achievement related outcomes or perfectionism; we should not consider it as an adaptive disposition (Flett and Hewitt 2002; Greenspon 2000; Hall 2006). These authors contend that achievement related irrational beliefs are dysfunctional because the process of achievement strivings frequently accompanied by harsh self-criticism and self-worth tends to be contingent on achievement. Achievement there by encourages a preoccupation with self-evaluation in the appraisal of achievement information. In normal or non-clinical student population contexts, this may mean that a combination of concerns about failure and excessive rumination about perceived inadequacies in studies may lead to psychological impairment and unhealthy patterns of behavior that encourage heightened striving as a means of coping with achievement decencies (Hall 2006).

The present findings indicated the moderating role of unconditional self acceptance between FDS dimensions (discomfort intolerance, entitlement, emotional intolerance) and psychological distress. The current findings extend the results of earlier studies (Flett et al. 2003) that found a link between irrational beliefs, self acceptance and distress by showing that a similar pattern emerged with a measure of unconditional self-acceptance and self esteem. For example, Flett et al. (2003) found that perfectionists evaluate themselves in terms of a contingent sense of self-worth, and as such, they are vulnerable to psychological distress when they experience negative events that do not affirm their self-worth. Later, Davies (2008) conducted an experiment with non clinical participants and found that priming participants with statements of irrational belief resulted in a decrease in unconditional self-acceptance whereas priming participants with statements of rational belief resulted in an increase in unconditional self-acceptance. Further, he suggested that self-downing, need for achievement, and need for approval are strongly and negatively correlated with unconditional self-acceptance.

The present findings did not support Ellis' (1976) view that the very presence of any level of self esteem reflects dysfunctional self-rating process, and provided support to the literature regarding the buffering role of self esteem in terms of reducing distress (Corning 2002; Brown 2010; Harrington 2005b; Flett et al. 2003; Judge et al. 2002; Watson et al. 2002). It is worth mentioning that the present study indicated a high positive correlation between unconditional self acceptance and self esteem which suggests that the constructs of USA and self-esteem are not entirely distinct (Chamberlain and Haaga 2001a). Burnett (1994) found that positive self-talk was positively related to self-esteem and negatively related to irrational beliefs

and depression in a non-clinical sample of children. Further, Wei et al. (2008) studied the construct of self esteem as a protective factor against perceived discrimination for people with an Asian heritage. They suggested that a positive view of the self plays a role in buffering the relation between negative events (e.g., perceived discrimination) and depressive symptoms. They noted that students with high self-esteem may have more psychological resources (e.g., externalizing discrimination events) than do those with low self-esteem to help ameliorate their depressive symptoms associated with perceived discrimination.

The consistency of the evidence offered in this paper provides the firmest evidence to date that self-esteem buffers the adverse effects of negative outcomes across a range of domains. For example, Corning (2002) tested the stress-buffering literature pertaining to the moderating effects of self-esteem and found support for self-esteem as moderators of the discrimination-distress relationship. Further, Ford and Collins (2010) investigated self-esteem as a moderator of psychological responses to interpersonal rejection and found that compared with those with high self-esteem, individuals with low self-esteem responded to rejection by appraising themselves more negatively and making more self-blaming attributions.

In the current study, achievement or goal related irrational beliefs were positively related to psychological distress, but neither unconditional self acceptance nor self esteem played significant main or moderating role between achievement and distress. The possible justification for the lack of a strong association between achievement related beliefs and general self-esteem is the specificity matching principle because in order to expect a main or moderating role the specificity of predictors and criteria should be matched (Swann et al. 2007). The concept of achievement is narrowly defined, whereas general self-esteem is unspecific and therefore, it may seem unlikely that achievement can be predicted from what people think or at least report about their general self-worth (Baumeister et al. 2003; Rosenberg et al. 1995).

In other words, feeling positively or negatively about oneself, says nothing about what domains are important to one's self-esteem. It is important to note that self-esteem level interacts with other aspects of the self (Crocker and Park 2004; Swann et al. 2007) in predicting the behavioral outcomes. If self-esteem is not contingent on a particular domain, one's actions and behaviors in that domain hold no self-relevant implications and success is not likely to prove self-enhancing or, failure likely to be perceived as shameful or threatening (Crocker et al. 2003a). When self-esteem or self worth is contingent upon achievement, it can be said that the importance of achievement to self esteem is high; conversely, when self-esteem or self worth is not contingent upon achievement, it can be said that the importance of achievement to self esteem is low. Moreover, general self-esteem appears to be heavily affective in nature and tends to be associated with overall psychological well-being, whereas specific self-esteem is related to narrowly defined domains like academic achievement and appears to have a more cognitive component and tends to be more strongly associated with behavior or behavioral outcomes.

An additional explanation for the lack of buffering role of self esteem and unconditional between achievement and distress was related to the nature of beliefs. For example, the achievement frustration scale is designed to represent beliefs ('I

can't bear the frustration of not achieving my goals') which is separate from the self-esteem based achievement perfectionism beliefs described by Flett et al. (2003). In other words, if someone has high self-esteem/self-acceptance they can still become stressed at the frustration of not doing as well as they should. This effect may be more pronounced in a group of achievement orientated students. Further, the previous studies (e.g. Flett et al. 2003) have suggested that only self-esteem based perfectionism beliefs are dysfunctional. However, there is evidence in this study that achievement demands, even when self-esteem is controlled, have a relationship with distress.

### **Limitations and Implications**

It is evident that the current findings are specific to university students and may not generalize to other segments of the population. Further, the current data were not longitudinal in nature and hence caution must be exercised in interpreting the results. Though the current findings are consistent with the basic tenets of REBT, however, these findings are correlational in nature and therefore it cannot be concluded that holding more rational beliefs causes greater unconditional self-acceptance. Moreover, it would also be useful to investigate the relative importance of individual belief dimensions in the treatment of specific problems, for instance, regarding the role of self worth versus entitlement beliefs in psychological distress. Further, it is important to extend this research by including other potential factors of likely importance, including the experience of stressful life events or perceived and actual levels of social support.

The present findings support the strategy of strengthening self-esteem and unconditional self acceptance in secondary prevention activities with the anticipated outcomes of becoming distressed in the future. Based on this study, it is suggested that educational settings provide group counseling aiming at enhancing their unconditional self acceptance, self esteem and helping them to adopt rational approaches in their lives. Moreover, it is suggested that cognitive programming be integrated as a part of the classroom curriculum. This means that counselors teach the basic principles of REBT in schools and make students familiar with identifying irrational thinking patterns, and how to effectively replace irrational beliefs with rational ones. This needs trained counselors. Therefore, it is suggested to train competent counselors for this program. Also, the researcher recommends providing group REBT psycho-educational programs in educational settings for adolescents. Finally, another recommendation is to utilize group REBT for helping adolescents who live in foreign countries with different psychological problems such as depression and anxiety.

### **Compliance with Ethical Standards**

**Conflict of interest** The author declares that she has no conflict of interest.

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