

Unconditional Self-Acceptance and Self-Compassion

Windy Dryden

Introduction

This book is largely concerned with one stance that it is possible to take towards the “self”—self-acceptance. However, it is possible to take a number of other productive stances towards the “self” and in this chapter I will consider the relationship between unconditional self-acceptance (USA) and one of these other stances: self-compassion (SC). In doing so, I will draw upon the ideas of several major theorists in these respective fields. Thus, in discussing USA, I will draw upon the work of Albert Ellis (2005), Maxie Maultsby (1984), Paul Hauck (1991) as well as those of my own (Dryden, 2003); and in discussing SC, I will draw heavily on the ideas of Kristin Neff (e.g. Neff, 2003a). While this chapter is based on the proposition that it is best to develop USA before SC, I will argue that these two concepts can be integrated both conceptually and practically. It is my basic thesis that the two concepts augment one another and that a therapeutic strategy based on the two together will be more productive than one based on each alone.¹ I will begin by defining precisely what I mean by unconditional self-acceptance and self-compassion.

The Definition of Unconditional Self-acceptance (USA)

A number of theorists have over the years been critical of the concept of “self-esteem” as a primary determinant of psychological health and well-being (e.g. Baumeister, Smart & Boden, 1996). A variety of alternative concepts have been

¹This, of course, is an empirical question that needs investigation.

W. Dryden, Ph.D. (✉)

STaCS, Goldsmiths University of London, New Cross, London SE14 6NW, England, UK

e-mail: windy@thedrydens.clara.net

proposed which do not appear to have the unintended consequences of raising self-esteem, i.e. increasing levels of narcissism and self-absorption (e.g. Seligman, 1995). One such concept is unconditional self-acceptance (USA),² which has been extensively represented in the work of Albert Ellis for over 50 years (e.g. Ellis, 1962, 2005). While Ellis has presented a number of different definitions of USA over the years (see Ellis, 2005), the one which is most consistent with the views expressed in this chapter is as follows: “I do not have intrinsic worth or worthlessness, but merely aliveness. I’d better rate my traits and acts, but not my totality or “self”. I fully accept myself, in the sense that I know I have aliveness and I choose to survive and live as happily as possible, and with minimum needless pain. I require only this knowledge and this choice—and no other kind of self-rating” (Ellis, 1999:6).

The term “unconditional self-acceptance” is comprised of three elements and I will consider these in the following order: the “self”, “acceptance” and “unconditional”.

1. *The “self”*: There are many definitions of the self (e.g. Hauck, 1991). However, rather than using any one such definition here, I will outline a number of defining attributes that comprise the “self” (Dryden, 2003; Ellis, 2005; Hauck, 1991).

First, the “self” is highly complex. It includes your characteristics, traits, actions, feelings, thoughts, images, sensations and bodily aspects. As such, complexity is a defining attribute of the “self” which together with another of its intrinsic aspects—that it is in flux—means that the “self” cannot validly be rated. For example, if we take the process nature of the self (by which I mean that the “self” is not fixed, but fluid over time), any global rating of the “self” that is made would very soon be out of date as the “self” at the time of the evaluation would not be the same as it would be after it is made. Indeed, the very nature of the evaluation would change the “self”. As we shall see, you can validly rate discrete aspects of your “self”, but you cannot, validly, rate your entire “self”.

There are three further defining attributes of the “self”. The first is that it is human. The second is that it is fallible. You are prone to error and this proneness cannot be eradicated. As Maxie C. Maultsby (1984) has said, all humans have an incurable error-making tendency. Finally, you are unique. There has never been and never will be, as far as we know, another you. Even if you were cloned, you and your clone would have different experiences and this would not invalidate your uniqueness.

2. *Acceptance*: In this chapter, when I use the term “acceptance”, I mean acknowledgment of the existence of something in the form in which it currently exists (Dryden, 2003). The term can also be understood by what it does not refer to. Thus, it does not involve evaluation, either positive or negative of you as a person and it also does not preclude change in what is being accepted.

²In this chapter, much of what I have to say about USA is based on the views of Albert Ellis (2005), the founder of rational emotive behaviour therapy (REBT).

3. *Unconditional*: By the term “unconditional”, I mean that which is without conditions or not contingent upon anything (Dryden, 2003).

Putting these three aspects together, we have the following definition: “Unconditional self-acceptance involves you acknowledging that as a person you are human, unique, complex, in flux and fallible and that this is true about you no matter what conditions exist in the world. As such your “self” cannot be validly rated, but can be accepted unconditionally on the basis of the above ingredients.”

Example: Marie was an actress who attended a very important audition, but did a poor job and failed it. Instead of condemning herself, Marie acknowledged that it was bad that she messed up, but that this failure did not define her. Rather, she acknowledged that she was a fallible human being who was not immune from failure and that even if she passed the audition this would not change her “self”.

The Definition of Self-Compassion

Neff (2003a) has also argued that the concept of self-compassion (SC) was proposed as one of a number of alternatives to the concept of self-esteem in outlining what would constitute a healthy attitude to oneself without the unintended negative consequences associated with attempts to raise self-esteem noted above. The proposal of self-compassion as a healthier alternative to self-esteem was also part of psychology’s increasing interest in what Eastern philosophies, and in particular Buddhism, have to offer our understanding of psychological well-being (e.g. Epstein, 1995).

Neff and Lamb (2009:864) have argued that as a particular stance towards the “self”, self-compassion has three components: “(a) self-kindness—extending kindness and understanding to oneself in instances of perceived inadequacy or suffering rather than harsh judgment and self-criticism; (b) common humanity—seeing one’s experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness—holding one’s painful thoughts and feelings in balanced awareness rather than over-identifying with them in an exaggerated manner”.

Putting these three aspects together, we have the following definition: “Self-compassion involves showing yourself kindness, recognizing that you are connected to other humans and mindfully accepting your negative experiences without actively engaging with them”.

Example: Marie, whom we met above, talked kindly and supportively to herself even though she was disappointed in her behaviour which resulted in her failing the audition. She understood that she probably messed up because she was trying too hard and recognized that many other actors and actresses have done the same over the years. This helped her to learn from the experience without dwelling on it.

Similarities and Differences between USA and SC

In this section, I will consider together the concepts of unconditional self-acceptance (USA) and self-compassion (SC) and reflect on some of the similarities and differences between them.

1. *Absence of self-judgment*: As can be seen from the foregoing, when you accept yourself and show yourself compassion, you refrain from making a negative judgment about yourself and this lack of negative self-judgment is what is common between these two stances. However, while it is clear that Neff (2003a) considers negative self-judgment to be incompatible with self-compassion, it is not clear what her view is concerning positive self-judgment. As I have already shown, in the concept of unconditional self-acceptance employed in this chapter, both negative self-judgment and positive self-judgment are regarded as overgeneralizations about the “self” and therefore to be avoided, not because they are merely overgeneralizations, but because of the negative impact that self-evaluation has on mental health and well-being. This position follows logically from the definition of USA with its emphasis on the complexity of the “self”. This “complexity” component appears not to be emphasized in SC.
2. *Fallibility*: In the stance known as USA, the concept of the “self” as fallible plays an important role. Thus, in exhorting clients to develop unconditional self-acceptance, clinicians implementing this concept are often heard encouraging clients to see themselves as “fallible human beings”. It is clear that in USA, the concept of fallibility is an attitude that clients are urged to apply to themselves. Thus, it is basically an intra-personal concept, an attitude towards the “self” that the person applies to himself or herself irrespective of the actual or inferred global judgments that others make of that person’s “self”.

When the focus of therapy shifts to the person’s attitude towards others where this attitude is the source of the person’s disturbance, then that person is likely to be encouraged to develop unconditional other-acceptance (UOA). This involves seeing others as human, unique, complex, in flux and fallible and that this is true about them no matter what conditions exist in the world. Only when the person develops USA and UOA at the same time does he (in this case) see his own situation in a wider human, interconnected context.

By contrast, in the stance known as SC, the component known as “common humanity”, or interconnectedness, where one is encouraged to “see one’s experiences as part of the larger human experience rather than seeing them as separating and isolating” (Neff & Lamb, 2009:864), plays an integral role.

3. *Kindness*: If one considers the stance of USA carefully, it involves adopting what one might call an “acknowledging” attitude towards the “self”. As I have already stated, when you accept yourself unconditionally, you acknowledge that your “self” has a number of features which do not change: uniqueness, complexity, being in flux and fallibility. This accepting/acknowledging attitude is the only attitude made explicit in USA. By contrast, if one considers the stance of SC carefully, it is clear that one of the main attitudes being advocated is that of

kindness where the person takes a fair-minded, empathic and supportive attitude towards “self”. As I will discuss later in this chapter, developing an unconditionally self-accepting attitude helps you to develop a kindly attitude towards your “self”, but the latter is not an integral part of the former as currently conceptualized.

4. *Acceptance, compassion and change*: As I will discuss later in this chapter, clients often resist developing the stances of USA and SC because of the negative constructions they place on these stances. This phenomenon can also be found in the professional literature. Thus, Neff and Lamb (2009:865) say that “while self-acceptance may theoretically entail passivity towards personal shortcomings, self-compassion involves the desire to alleviate one’s suffering, and is therefore a powerful motivating force for growth and change”. Actually, this statement is confusing as it is not clear whether Neff and Lamb (2009) mean that such passivity is part of the theoretical concept of self-acceptance or whether they mean that it is possible for self-acceptance to be taken as promoting such a passive stance.

If Neff and Lamb mean that USA inherently involves passivity, then they are incorrect, since Ellis (e.g. 2005) has often made the point that USA does not promote passivity, but may actually promote change. Developing USA for a personal shortcoming does two things. First, it protects the person from self-disturbance, and second, it frees the person to focus on the shortcoming and think how best she (in this case) can address and change it. To use Neff and Lamb’s (2009:865) own words, but made by them about self-compassion, unconditional self-acceptance “involves the desire to alleviate one’s suffering, and is therefore a powerful motivating force for growth and change”.

However, if Neff and Lamb (2009) mean that it is possible that USA may be *seen* as promoting passivity then they are correct, although this also applies to self-compassion.

In conclusion, USA and SC actually promote change, although they may both be incorrectly seen as promoting passivity.

5. *Mindfulness*: Neff (2003a) makes clear that mindfulness is one of three major components of SC, the other two being self-kindness and common humanity. By contrast, mindfulness is not seen as an integral part of unconditional self-acceptance but as a consequence of it. According to rational emotive behaviour theory, USA is a stance towards the “self” that is derived from a more primary, flexible rational belief. The hallmark of this primary flexible belief is that the person articulates her (in this case) desire, but acknowledges that this desire does not have to be met. As Dryden (2009) has noted there are three consequences of rational and irrational beliefs: emotional, behavioural and cognitive. In the face of an adversity, when the person holds a rigid belief and a self-depreciation belief that is derived from it, then the cognitive consequences of these irrational beliefs are likely to be highly distorted and skewed to the negative. Given the compelling nature of these highly distorted thoughts, it is very easy for the person to over-identify with them in an exaggerated manner and thus to ruminate on them. By contrast, in the face of the same adversity, when the person holds a flexible

belief and a USA belief that is derived from it, then the cognitive consequences of these rational beliefs are likely to be a mixture of thoughts that are realistic (albeit negative) and distorted. This will help the person to be more able to hold these in balanced awareness than if they are predominantly highly distorted and thereby not ruminate on them.³ This holding in balance awareness is a main feature of mindfulness as outlined by Neff (Neff, 2003a, 2003b).

In conclusion, mindfulness is seen as an integral part of self-compassion, whereas in Ellis's (2005) view, it is seen as a state that stems from and best engaged with when the person holds a USA belief.

People Tend to Resist Developing USA and SC

The concepts of unconditional self-acceptance and self-compassion are often subject to misconceptions and criticized wrongly on the basis of such misconceptions. Consequently, people may resist developing USA and/or SC because they construe these concepts negatively. Here are six examples of such misconceptions to which I will provide a corrective response:

- “I don't deserve to accept myself or to show myself compassion”
Response: This objection rests on an attitude of self-criticism which has been shown to be a major resistance to self-compassion (Gilbert et al., 2011). Here it is helpful to show the person that she would not hold that view towards a loved one and thus she could choose not to hold it about herself.
- “USA and SC lead to passive resignation and do not promote change”
Response: As discussed above, both USA and SC promote change in that they help the person to focus on a personal shortcoming without self-disturbance, understand it in a compassionate context and think about ways of changing it when she sees that it is in her interests to do so and it can be changed.
- “USA and SC absolve people from taking responsibility for their actions”
Response: This is not correct. You can accept yourself and show compassion to yourself while still taking responsibility for your actions. Assuming such responsibility will be without self-blame, however.
- “USA and SC lead to smugness”
Response: Again this is incorrect. Smugness implies that you rest on your laurels in a self-satisfied manner. Neither USA nor SC encourage such an approach. As mentioned above both USA and SC motivate you to change what you can change about yourself.

³It should be made clear here that mindfulness involves holding in balanced awareness negative thoughts whether these are realistic (albeit negative) or highly distorted without actively engaging with these thoughts. My point is that it is easier for people to be mindful of negative thoughts if they are a mixture of the realistic and the distorted than if they are predominantly highly distorted.

- “USA and SC lead to self-indulgence”
Response: Here, you think that if you know that you can accept yourself and show compassion for yourself then you can afford to indulge yourself in activities that are not good for you. This view is incorrect because it ignores the fact that self-indulgence tends to stem from a philosophy of short-range hedonism and selfishness rather than from a stance towards the self that emphasizes unconditional acceptance or compassion. Dealing with this philosophy is difficult as it involves self-regulation failure. USA and SC can actually help you to learn from such failure and can help you to work towards greater self-discipline rather than to greater self-indulgence, by freeing you to identify, question and change one’s particular short-range hedonistic philosophy.
- “USA and SC reinforce a preoccupation with the ‘self’”
Response: Actually, the reverse tends to be the case. When you judge yourself, criticize yourself or in other ways reject yourself these stances towards the “self” lead you to become preoccupied with whatever it is you are rejecting yourself for. USA and SC actually help to free you from self-preoccupation since they tend to promote constructive change wherever possible and help to minimize the rumination that accompanies self-preoccupation.

An Investigation of Items Comprising the Self-Compassion Scale with Implications for USA

In this part of the chapter, I will consider the items on The Self-Compassion Scale (SCS) that have relevance for USA and its possible integration with SC.

The SCS is a 26 item scale that has six sub-scales: self-kindness vs. self-judgment, common humanity vs. isolation, mindfulness vs. over-identification. Each item is rated on a five-point scale with the scores on negative subscale items—self-judgment, isolation and over-identification—reversed (Neff, 2003a, 2003b)

The main issue that arises from the content of this scale that is relevant to the theme of this chapter concerns the stance taken towards the “self”. From the perspective of unconditional self-acceptance (USA), it is important to distinguish between the attitude that a person takes towards his entire “self” and the attitude that he takes towards aspects of his “self”. Thus, a person may dislike and make a negative judgment of an aspect of his “self” (e.g. his procrastinating behaviour), but still accept himself unconditionally for his behaviour. When we look carefully at the items on the self-kindness and self-judgment sub-scales, this distinction is not always made.

Looking at the self-kindness items first (Neff, 2003b), three of the items describe a kindly attitude towards the “self” (Item 5: I try to be loving towards myself when I’m feeling emotional pain; Item 12: When I’m going through a very hard time, I give myself the caring and tenderness I need; and Item 19: I’m kind to myself when I’m experiencing suffering) while two outline a similar attitude towards aspects of the “self” (Item 23: I’m tolerant of my own flaws and inadequacies and Item 26: I try to be understanding and patient towards those aspects of my personality I don’t like).

Second, considering the self-judgment items (Neff, 2003b), three outline a negative judgment of the “self” (Item 8: When times are really difficult, I tend to be tough on myself; Item 16: When I see aspects of myself that I don’t like, I get down on myself and Item 21: I can be a bit cold-hearted towards myself when I’m experiencing suffering), while two outline a similar attitude towards aspects of the “self” (Item 1: I’m disapproving and judgmental about my own flaws and inadequacies and Item 11: I’m intolerant and impatient towards those aspects of my personality I don’t like).

It may be that from the perspective of self-compassion theory (Neff, 2003a), the distinction between adopting a compassionate stance towards the “self” as a whole and aspects of the “self” is not crucial, but it is from the perspective of the theory underpinning USA. It means that attempts to integrate USA with SC have to be made with due care when considering attitudes towards the “self” as a whole as opposed to its aspects.

Integrating USA and SC with Respect to Therapeutic Change

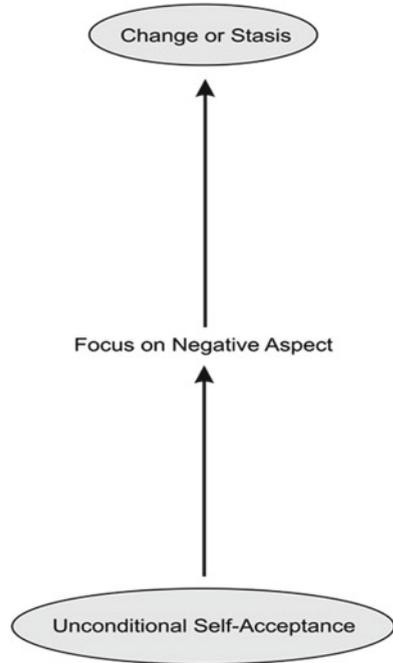
In this section of the chapter, I will outline how I think that self-compassion and its elements can be integrated with the concept of unconditional self-acceptance to make the latter a richer concept and one that may be more acceptable to theorists and clients alike with respect to therapeutic change.

However, first let me review how USA has been conceptualized in relationship to therapeutic change (see Fig. 1). Developing USA enables a person to focus on a negative aspect of himself that he wants to change without self-disturbance. Once the person has focused on this negative aspect without self-disturbance, he can initiate attempts to change⁴ it if he can change it or to accept matters if he cannot change it (the latter is known as stasis).

One of the issues that concerns clients about the concept of unconditional self-acceptance is that it does not allow them to develop a positive attitude towards the “self” when they wish to do so. Ellis (2005) was aware of this and offered such people an alternative concept that I refer to as “unconditional self-esteem”. Applying this concept, you would again acknowledge that you were human, unique, complex, fallible and in flux and that these conditions are unchangeable, but this time you would choose to give yourself a positive rating (e.g. “I recognise that I am a unique, complex, fallible human being who is in flux and that these conditions are constant as long as I am alive and thus, I choose to like myself and/or to regard myself as a good or worthwhile person”). Now, Ellis (2005) was well aware of the arbitrary nature of such a positive evaluation. He argued that it would be equally justifiable for you to give yourself a negative evaluation in this circumstance (e.g. “I recognise that I am a unique, complex, fallible human being who is in flux and that these

⁴Such attempts at self-change are facilitated when the person is able to tolerate the ensuing discomfort. This is known as discomfort tolerance.

Fig. 1 The impact of unconditional self-acceptance on attempting to change a negative aspect of oneself (In Fig. 1, by “negative aspect” I mean either an internal aspect (e.g. negative personal characteristic or behaviour) or external aspect (e.g. an outside adversity))



conditions are constant as long as I am alive and thus, I choose to dislike myself”). However, if you choose and continue to choose to give yourself a positive evaluation under these circumstances, you will not be vulnerable to ego disturbance (e.g. low self-esteem) because of the unconditional nature of your positive self-evaluation.

Note, however, that by awarding your “self” such a positive evaluation, albeit one that is unconditional, you are asserting that you can give yourself a global rating as a human being. However, as I have already discussed, it is just not possible, in any valid sense, to assign a global evaluation to an extremely complex organism, and one that is in flux, in a way that completely accounts for that organism. However, as Ellis (2005) has pointed out in his book, “The Myth of Self-esteem”, it is a matter of choice for clients as to whether they choose unconditional self-acceptance (as defined here) or unconditional self-esteem. As will be discussed in the forthcoming section on “USA, SC and Pluralism” what is important is that clients understand the concepts of unconditional self-acceptance and unconditional self-esteem together with their advantages and disadvantages and choose to implement the concept that has most meaning for them.

In my view, USA and SC can be integrated in a way that preserves the best of both concepts and I will now outline how this can best be done. While the following order is only notional it is, perhaps, the most logical (see Fig. 2).

1. The person would be encouraged to accept himself unconditionally as a unique, complex, fallible human being who is in flux and that cannot be validly given a global evaluation.

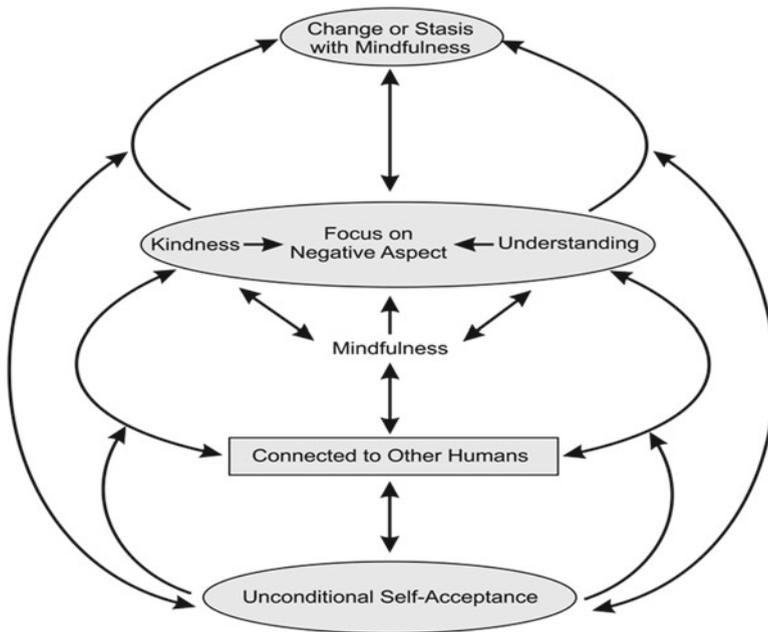


Fig. 2 Integrating self-compassion with unconditional self-acceptance and the subsequent impact on attempting to change a negative aspect of oneself. (In Fig. 2, by “negative aspect” I again mean either an internal aspect (e.g. a negative personal characteristic or behaviour) or an external aspect (e.g. an outside adversity))

2. He would also be encouraged to see himself as connected to other humans—this is the common humanity aspect that Neff (2003a) highlights as an integral part of SC.
3. He would adopt a balanced attitude towards any reverberating disturbed emotional and cognitive states. This means that he would be aware of such states, understand that they will be present for a while until he has more fully digested the attitude of USA and thus he would not engage with such states. Rather, he would allow them to be present until they fade away. This is the mindfulness aspect that Neff (2003a) sees as the third integral part of SC.
4. The person would then be able to look at his many aspects and would acknowledge those that he liked and those that he disliked.
5. He would be encouraged to focus on a particular negative aspect and to do so with kindness—this is the self-kindness aspect that Neff (2003a) also says is an integral aspect of SC—and with understanding and see if he could change this aspect and how best to do so.
6. Whether or not he is able to effect change in this area, the person would be encouraged to develop a balanced awareness towards any residual states of emotional and/or cognitive disturbance and not to engage with these states as in point 3 above.

Interestingly, in response to an enquiry from me concerning the relationship between USA and SC, Neff (personal communication, 27th December, 2011) said

the following which is consistent with Ellis's (2005) position on the importance of developing USA before SC: "I think self-compassion and self-acceptance are highly related, and that self-compassion basically requires self-acceptance. The main difference would be that self-compassion includes elements of active self-soothing, a sense of common humanity, and mindfulness (although self-acceptance can be seen to be embedded in mindfulness)."

Integrating USA and SC: How Best to Deal with Chronic Guilt

Chronic guilt is a problem where a person tends to blame himself for whatever goes wrong within the sphere of his involvement (Dryden, 1994).⁵ Attempts by a therapist, for example, to encourage the person to stand back and take a self-compassionate attitude when he feels guilty may tend to fail or be short-lasting. Generally, it may be the case in such instances that the person needs to develop USA first and here it is important to elicit and respond to any doubts, reservations and objections that the person has to the concept of USA. If the person is blaming himself he will tend to resist efforts to encourage him to develop SC.

Once the person has made progress at developing USA, he is more open to the idea that his experiences are connected to those of other people and that he can begin to detach himself from ruminations centred on the theme: "If only I did this or did not do that." USA will also help him to develop a greater level of objectivity in understanding the dynamics of chronic guilt and how it works. At this point, he is much more open to understand the impact of external variables on his behaviour and on the behaviour of others involved. Also, he can begin to apply the compassion that he would tend to show others for the same behaviour to himself. He can also identify any of his behaviours that may have unwittingly contributed to the bad outcome and can focus without self-blame on addressing such behaviours. Whether or not he is successful in changing his behaviour he can learn to detach mindfully from any remaining ruminative thoughts and concentrate on getting on with pursuing his valued goals.

Example: Teresa had a problem with chronic guilt and tended to blame herself when anything went wrong in social settings in which she was present. In using the concept of unconditional self-acceptance without self-compassion (see Fig. 1) the therapist would encourage Teresa to accept herself for any wrongdoing (i.e. negative aspect) she thought she did in these settings and then to change

⁵Most theorists in the field now distinguish shame from guilt and see shame linked to some global judgment of self and guilt focused on behaviour. I see them both as based on self-judgments where shame is linked to the idea that the self is defective, diminished or disgusting and guilt is linked to the idea that the self is bad in some respect (Dryden, 2012).

her behaviour. The therapist would also help Teresa to understand that the core self-depreciation belief that underpinned her chronic guilt would lead her to assume that she was to blame when anything went wrong in social settings and that her alternative core unconditional self-acceptance belief would lead her to see that there might be other reasons why such things went wrong which did not involve her.

In integrating self-compassion with USA (see Fig. 2), the therapist would do the same as above, but he would also do the following:

- He would encourage Teresa to see that others felt the same way as she did in holding the same belief.
- He would help Teresa to understand that even when rehearsing her USA belief, she might still think that she was to blame for things going wrong. He would teach her how to acknowledge the existence of such thoughts without actively engaging with them.
- He would help Teresa to understand some of the factors that may have contributed to the development of her chronic guilt problem and to view herself with kindness as she grappled with this problem. In doing so, he would encourage her to be empathic with herself, support herself through the process and, if necessary, to soothe herself.
- In assuming temporarily that she did contribute to things going wrong socially, he would not only help Teresa to accept herself for this negative aspect, but to view herself kindly and with understanding as she addressed this behaviour.
- Whether or not Teresa effected a positive change, the therapist would encourage her again to adopt a mindful attitude to any reverberating cognitive and emotional states.

USA, SC and Pluralism

Up to now, this chapter has been based on the principle that it is best to think rationally about oneself before addressing such matters as connecting one's experiences to those of others, showing oneself kindness and holding a mindful attitude towards residual disturbed emotional and cognitive states (Ellis, 2005). Although as is shown in Fig. 2, USA is deemed to interact with these three components of self-compassion, it is nevertheless seen as a foundation of compassionate-based change or stasis.

An alternative view of the relationship between USA, SC and change/stasis comes from a pluralistic perspective on counselling and psychotherapy and I will conclude this chapter by considering what a pluralistic perspective on USA and SC might involve. This perspective is underpinned by the following viewpoints (Cooper & McLeod, 2011):

1. There are multiple pathways to therapeutic change
2. If we want to know what is likely to be most helpful for an individual client, we should start by exploring it with them
3. It is vitally important to develop with clients a way of talking about therapy and to collaborate with them on its implementation

Adopting these principles means, in this context, that clients may hold different views to the ones outlined in this chapter concerning the best way to use the concepts of unconditional self-acceptance (Ellis, 2005) and self-compassion (Neff, 2003a, 2003b). Some clients may not find the concept of USA valuable, while others may not consider SC to be a helpful concept.⁶ Some may agree with Ellis (2005) that they need to develop USA before SC, while others may hold the opposing viewpoint. Pluralistic practitioners take their clients' views very seriously even if they disagree with them and attempt to resolve such disagreements empirically rather than referring to expert authority—their own or that of others. Such practitioners wisely hold that while a principle may hold true in the general case, it may not hold true with specific clients at specific times. In this way, pluralistic practitioners take their clients' views as seriously as they do both their own theory and the research that supports this theory.

Questions concerning the effectiveness of a theory-driven approach to the development of USA and SC vs. a pluralistic, client-driven approach remain to be investigated.

Conclusion

In this chapter, I outlined the concept of unconditional self-acceptance based on the ideas of Albert Ellis (2005) and others including my own (Dryden, 2003) and discussed its relationship with self-compassion based on the work of Neff (2003a). In doing so, I considered the similarities and differences between the two concepts and showed how integrating self-compassion with unconditional self-acceptance can lead to a richer understanding of clinical phenomena with consequent healthier results for clients with self-esteem problems. I demonstrated this briefly in the treatment of chronic guilt. I concluded the chapter by offering a pluralistic perspective on the relationship between USA and SC.

The rationale of this book is to explore how the concept of self-acceptance contributes to positive well-being. I hope I have shown how integrating unconditional self-acceptance and self-compassion can enhance and enrich this project.

⁶I accept the point that clients may hold misconceptions about USA and SC and that these need to be addressed by their therapist. However, after such discussion clients may still hold doubts, reservations or objections to these concepts and these need to be taken seriously in jointly planning and implementing a therapeutic programme.

References

- Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of self-esteem. *Psychological Review*, 103, 5–33.
- Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. London: Sage.
- Dryden, W. (1994). *Overcoming guilt*. London: Sheldon Press.
- Dryden, W. (2003). *Managing low self-esteem*. London: Whurr.
- Dryden, W. (2009). *Rational emotive behaviour therapy: Distinctive features*. Hove, East Sussex: Routledge.
- Dryden, W. (2012). *Dealing with emotional problems using rational—Emotive cognitive behaviour therapy: A practitioner's guide*. Hove, East Sussex: Routledge.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. Secaucus, NJ: Lyle Stuart.
- Ellis, A. (1999). *REBT diminishes much of the human ego* (Revisedth ed.). New York: Albert Ellis Institute.
- Ellis, A. (2005). *The myth of self-esteem*. Amherst, NY: Prometheus.
- Epstein, M. D. (1995). *Thoughts without a thinker*. New York: Basic Books.
- Gilbert, P., McKewn, K., Gibbons, L., Chotai, S., Duarte, J., & Matos, M. (2011). *Fears of compassion and happiness in relation to alexithymia, mindfulness, and self-criticism*. *Psychology and Psychotherapy: Theory, Research and Practice*.
- Hauck, P. (1991). *Hold your head up high*. London: Sheldon.
- Maultsby, M. C., Jr. (1984). *Rational behavior therapy*. Englewood Cliffs, NJ: Prentice-Hall.
- Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85–101.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223–250.
- Neff, K. D., & Lamb, L. M. (2009). Self-compassion. In S. Lopez (Ed.), *The encyclopedia of positive psychology* (pp. 864–867). Oxford: Blackwell.
- Seligman, M. E. (1995). *The optimistic child*. Boston: Houghton Mifflin.