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Buddhism and Western Models of the Self: Pragmatic Therapeutic Implications

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Abstract

This paper focuses on the contrast between Western and Buddhist notions of the self and their role in psychotherapy. The Buddhist notion of the no/not-self is contrasted with Western models of the self, including common psychotherapeutic approaches such as psychodynamic, cognitive-behavioural and acceptance and commitment therapy. In the first part of the paper, I will present a Buddhist model of the self, followed by a presentation of framework for conceptualizing various therapeutic interventions and then conclude with link between Buddhist and Western conceptualizations. I propose that these diverse psychotherapeutic approaches to the self may be broadly categorized as 1) re-interpreting - divided in expanding and de- and re-constructing-, and 2) side-stepping. This framework can pragmatically inform psychotherapeutic interventions for clients struggling with low self-esteem and self-criticism. Furthermore, applying the Buddhist concept of the no-self may broaden our therapeutic repertoire.

INTRODUCTION

Concerns related to the self are a common reason for consultation in Western mental health and psychotherapy practices. Individuals frequently present with a multitude of preoccupations related to low self-esteem including feelings of emptiness, regrets over perceived past failures, avoidance of activities with a potential risk for perceived failure, self-criticism, chronic feelings of dissatisfaction, and shame. These have significant impacts on one's well-being and relationships.[1] It can be challenging as a psychotherapist to support clients and help them navigate these struggles, especially in the context of a plurality of therapy models with unique conceptions of the self and related clinical interventions, as will be illustrated later in the article with examples derived three different therapeutic approaches.

The aim of this paper is to provide an outline of models of the self-stemming from different traditions and to assess their potential pragmatic applications in psychotherapy. In the first part of the paper, I will present a Buddhist model of the self, focusing on the Madhyamaka tradition. I will then introduce models from various Western psychotherapeutic traditions, including psychodynamic psychotherapy and psychoanalysis, cognitive-behavioural therapy, and acceptance and commitment therapy.

In the second part of the paper, I will present a framework for conceptualizing various therapeutic interventions inspired by Charles

[1] Silverstone, P. H., and M. Salsali. "Low Self-Esteem and Psychiatric Patients: Part I - the Relationship between Low Self-Esteem and Psychiatric Diagnosis," *Ann Gen Hosp Psychiatry*, 2, no. 1 (Feb 11 2003), doi.: 10.1186/1475-2832-2-2

Taylor's hermeneutic understandings of narrativity and the self.[2] I will then consider how some Buddhist understandings may help shed new light on Western therapeutic models of the self. I will subsequently present various frameworks for working with issues related to the self, which include: 1) re-interpreting (expanding) the self, dividing in expanding and re-constructing, and 2) side-stepping the self. The goal is to help foster a flexible, empathic, and holistic way of supporting and engaging clients.

For this exploration, I will draw upon my experience as a therapist practicing psychoanalysis, cognitive-behavioural therapy (CBT) and acceptance and commitment therapy (ACT) [3] Although I am not a practicing Buddhist, I do have interest and appreciation for Buddhist teachings and related conceptions of the self. I have familiarized myself with Buddhist concepts through university courses, readings, discussion groups and psychotherapeutic work in a clinic combining Western psychotherapy and Buddhist practices.

For each model of the self (from Buddhist, psychoanalytical, CBT and ACT traditions), I will start by laying out a theory of the self, related ways of conceptualizing issues linked to self-esteem, and a theory of therapeutic action (or possible pragmatic uses in the context of psychotherapy).

MODELS OF THE SELF: A BUDDHIST MODEL OF THE SELF

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[2] Charles Taylor. *Sources of the Self: The Making of the Modern Identity* (Cambridge: Harvard University Press, 1992).

3 Although multiple other approaches are used in psychotherapy, the discussion will be limited to these three as they are widespread and correspond to my area of expertise. This do not exclude the fact that other therapeutic approaches could have been included in the discussion or that other approaches are covered by the three mentioned.

As there are a multitude of Buddhist traditions, each with its unique perspectives, it would not be possible to present THE Buddhist model of the self. It is also not my aim to provide an overview of various Buddhist traditions and compare and contrast their various models of selfhood. I will present an overview of perspectives from various leading authors in order to illuminate the concept and form an understanding of a possible way of interpreting the self from a Buddhist perspective. I will begin by offering a general view of some Buddhist tenets and present an understanding of the self from the Mādhyamika tradition.

A BUDDHIST UNDERSTANDING OF THE SELF

Initial Buddhist discussions about the self-appeared to have emerged in contrast to Brahmanic views of soul, in which soul was seen as some sort of essence persisting after death. Emmanuel advances that, contrary to the Brahmanic views of the soul, Buddhist views have proposed that there is no unchanging essence that would constitute the self. There would also be no source of full agency that would be expected of a self.[4]

The concept of *anattā* (no/not-self) is central in Buddhism. In fact, it is included in the three marks of existence, which represent fundamental qualities of existence. The other two are *dukkha* (dissatisfaction, suffering) and *aniccā* (impermanence) . What is the understanding, however, of how this belief about the self thus arises?

It is thought that our perception of the self-arises from the three defilements (greed, hatred and delusion) and that craving for something has a central role in the emergence of our belief about the self . According to Olendzki's understanding, the very act of liking and disliking something

[4] Steven Emmanuel, *A Companion to Buddhist Philosophy* (Malden, MA: Wiley-Blackwell, 2013).

participates in creating the self.[5] When exposed to aches and pains, for example, not liking the experience creates this "I, who dislikes these aches and pains." From this emerges a false self-other duality, which then contributes to our suffering . How does one then come to this realization of anatta (no/not-self)?

This is where the notion of the five aggregates (*skandha)* comes in handy. The five aggregates are five components of our existence – territories that comprise the human being -, that can often fuel our tendency to cling to aspects of our existence. The five aggregates are *rūpa* (body), *vedanā* (feeling states), *saññā* (perceptions or cognitions), *saṅkhāras* (mental formation or "a number of processes which initiate action or direct, mould, and give shape to character" and *viññāṇa* ("(discriminative) consciousness") . Famously, in *The Sutra of Perfection of Wisdom*, is the impermanence of these components revealed .

By paying attention to these aggregates or aspects of our experience, one realizes that there is no permanent "self or I" that can be found in our body, feelings, perceptions, thoughts, or consciousness as we are confronted with the fact that these experiences are constantly changing.

This is not meant to be taken in the form of a philosophical argument in the form of:

1) The self is unchanging
2) The self would be found in the aggregates
3) The aggregates are not unchanging

Therefore: there is no self

[5] Andrew Olendzki, *Untangling Self: A Buddhist Investigation of Who We Really Are* (New York: Simon and Schuster, 2016).

Instead, this reflection on the aggregates is meant to lead to an experiential insight or intuition about the impermanence of all phenomena by focusing one's attention (potentially via meditation) on the five aggregates.[6] In addition, one also comes to the realization that the aggregates are also not independent from each other and that they "inter-are" with each other. A separate self cannot be found in each of these aggregates. [7]

Despite this common Buddhist understanding of the no/not-self, it is also important to note that the Buddha is said to have remained silent when asked whether or not there was a self; neither affirming nor denying its existence. This can be interpreted can encouraging practitioners not to get caught in a specific polarized view.

THE "CONVENTIONAL" SELF

One might argue that no/not-self view is at odds with our contemporary sense of self, this sense of being a person with a story, with a sense of self that is not necessarily fixed and unchanging, but nevertheless with a certain continuity, this subjective feeling that I am the same person that I was yesterday despite changes in thoughts, feelings, perceptions, consciousness, and bodily states. How might a Buddhist view account for this phenomenological sense of self?

Olendzki mentions the Mādhyamaka "doctrine of Two Truths," where two levels of truth or reality are distinguished: the conventional truth and the ultimate truth.[8] On the one hand, our typical understanding of the self could correspond to a "conventional self." This would allow for

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[6] Bhikkhu Bodhi, "Seeking the Elusive Self." *Inquiring Mind* 29, no. 2 (2013).

7 Thich Nhat Hanh and Peter Levitt. *The Heart of Understanding: Commentaries on the Prajñāparamitā Heart Sūtra* (Berkeley: Parallax Press, 2009).

[8] Andrew Olendzki, *Untangling Self: A Buddhist Investigation of Who We Really Are.*

our tendency to understand ourselves using narratives, to use various pronouns "I, you, he/she, them etc." and to account for this sense of continuity in our experience. There is no denying that people tend to have certain inclinations, character traits and habits. On the other hand, only the ultimate truth would truly account for the absence of a fixed, unchanging self.

For all this discussion, many thinkers of the Mādhyamika school of Mahāyāna Buddhism have reflected on the limits of language and conceptual thought, which would also naturally extend to the discussion about the self. Attention to experience in itself (via meditation for example) is then thought to be a gate to insights, away from the limits and conventions of language . Thus, even the grammatical structure of various languages (with includes a subject/object and pronouns) could be seen as limiting our ability to come to important realizations about the nature of the self and its emptiness. On this note, I will now move away from conceptual discussions about the self and move to how one might bring these insights into the clinical psychotherapy realm.

SELF-ESTEEM: UNDERSTANDINGS AND THERAPEUTIC AVENUES

UNDERSTANDINGS

How could low self-esteem be approached from a Buddhist perspective? While there are inherent limitations as to how concepts from Buddhism might be appreciated (and potentially denatured) when viewed from a clinical Western psychotherapeutic perspective, I will attempt to map out a possible way of analyzing low self-esteem from a Mādhyamika point of view centering on the emptiness of self, while considering the conventional and the ultimate truth as discussed above.

One can conceptualize low self-esteem through the cycle of dependent origination, where a distorted way of understanding reality

leads us to crave both certain states of being and the cessation of other unsatisfactory states of being. As hinted to earlier in Olendzki's interpretation of the Madhyamaka's model of the self, from this ignorance and craving arises a sense of an individual/separate self. The self is inaccurately believed to have an essence, to be unchanging and to have full agency. This then creates a false dichotomy between self and object or self and other. This would also come with a misappreciation of the fundamental interdependence between beings, thus creating the sense that one is a separate self, open to a comparison between other "separate" selves and previous/idealized possible versions of oneself.

This can be illustrated by referring to the example of Jane (derived from a composite of experiences with multiple clients from my practice). Jane has struggled with body image concerns, which affected her self-esteem. These concerns are overdetermined (cultural influences, painful encounters where she has been teased about her physical appearance, parental expectations, genetic predispositions, belief that reaching a certain weight would lead her to be more lovable). Using a Buddhist framework, we could conceptualize that there is a craving for a particular way of appearing and presenting to others, an aversion for the way she looks, and a sense of isolation/separateness, which leads her to have a view of herself as being inferior.

THERAPEUTIC AVENUES

Possible ways of handling concerns linked to self-esteem from a Buddhist point of view could involve the fourth noble truth (the path to the cessation of dukkha/suffering) with the eightfold path (comprised of the cultivation of right view, right mindfulness, right concentration, right effort, right livelihood, right intention, right speech, and right action) and its corresponding ethical worldview.[9] Buddhist accounts of the three

[9] Steven Emmanuel, *A Companion to Buddhist Philosophy*.

defilements of desire, aversion and delusion could also inform potential targets of therapeutic interventions.

For example, one could focus in psychotherapy on the clinging to or craving certain self-states (e.g., high self-esteem), the craving not to have other self-states (e.g., low self-esteem). The goal would then be to be able to step out of the cycle when the desire for high self-esteem and the aversion to low self-esteem paradoxically keep us in a constant framework of evaluation that contributes to low self-esteem. One could then foster the intention to cultivate "wholesome states" through the use of *metta* (loving-kindness) to oneself and others. Hopefully, this would foster the intention to hold oneself kindly and come to an understanding of our interdependence, thus breaking down on this sense of isolation that can accompany low self-esteem . One could also reflect on these self-states' impermanence (how changeable self-views are) and realize their insubstantiality and how context-dependent self-views can be.

Returning to Jane's example, the therapeutic work could include reflecting on how her wish to look a certain way and her desire to avoid looking how she does contribute to a profound sense of dissatisfaction. We could develop the intention to use loving-kindness to herself and others to work on the sense of isolation and separateness that can accompany her self-judgements about her physical appearance. We could reflect on the changing nature of self-states (how her self-esteem might fluctuate based on the context) and how impermanent they might be. In addition, we could reflect on the ultimate truth of the emptiness of self despite this sense of the conventional self.

In addition, the *Vitakka-saṇṭhāna Sutta* mentions five ways of dealing with "unskillful thoughts," which could be extended to thoughts related to one's self-esteem. These represent successive steps that can be taken. The initial steps are reflecting on an object connected to the

unskillful thought (e.g., reflecting on the impermanence of self-states when thinking about self-esteem), and reflecting on the "disadvantages of the unskillful thoughts" - about how having these beliefs about one's else esteem might influence our mental state and our actions for example. Then, subsequent steps comprise "being without attention and reflection" regarding the thoughts, removing the "source" of the unskillful thoughts and "beating down the (evil) mind by the (good mind)," which could be interpreted as fostering a right understanding of the situation at hand.[10] What shape these steps would take and how they would contrast with therapy interventions would be a matter of how one interprets them (which we will touch upon later).

MODELS OF THE SELF: PSYCHOANALYSIS THEORIES ABOUT THE SELF

Just as there are various schools of Buddhism, there are a plethora of analytic traditions and, accordingly, multiple models of the self. I will, therefore, only present a selection of a few influential authors.

On the one hand, central to psychoanalytic models is an appreciation for developmental processes and contexts in which the self emerges. On the other hand, Falkenström describes multiple of ways of conceptualizing the self in psychoanalytic literature. [11] The latter emphasizes three categories for conceptualizing the self: the self as experience, the representational self and the self-as-system.

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[10] Soma Thera, "The Removal of Distracting Thoughts *Vitakka-saṇṭhāna Sutta* a Discourse of the Buddha (*Majjhima Nikāya* No. 20) with the Commentary and Marginal Notes." (1960).

[11] Fredrik. Falkenstöm. "A Buddhist Contribution to the Psychoanalytic Psychology of Self." *The International Journal of Psychoanalysis*, 84, No. 6.

1) The self-as-experience corresponds to our subjective "inner experience" of the self, whether the self is seen as singular (the experience of the self-being continuous and coherent) or multiple (the experience of the self-being discontinuous and constituted of multiple selves).

2) The representational self is "an unconscious abstraction that is presumed to cause a particular experience of self in a given moment, much like a schema in cognitive psychology" . This would be illustrated for example by multiple facets of one's identity: my qualities, my flaws, my social roles, my nationality etc.

3) Falkenström defines the self-as-system as an "overarching system of self-representations, and this self can be integrated, split, differentiated, undifferentiated and so on" . This would correspond to how one reconciles differences in the representations of the self. For example: can I see myself as sometimes caring and sometimes uncaring without these aspects of my experiences being totally separated in my conscious experience? Can I tolerate multiple and sometimes contradictory ways of experiencing myself?

These various ways shed light on what aspect of the "self" authors are focusing on. I will be using this framework to categorize various ways of seeing the self in the therapy models I will be presenting. I will start with a description from the object relations school of psychoanalysis, which focuses on the representational and self-as-system aspects of the self.

OBJECT-RELATIONS AND KERNBERG

I will be focusing here mainly on Otto Kernberg's model of identity and self. In the object relations school, "objects" refer to people. The theory

postulates that, throughout our development, we internalize certain emotionally charged experiences that then shape our sense of self and other. The experience of a child being comforted by a caregiver will then give rise to the self-representation of being cared for and feeling comfortable and loved and the object representation of a soothing figure caring for them. These self and object representations are seen as being shaped by developmental experiences, inborn dispositions, fantasies and psychic defenses . These self and object representations can then be organized, following the self-as-system model described above. Indeed, Caligor, Kernberg et al. report that: "within the object relations theory model, clusters or networks of internal object relations are seen to work in concert to constitute higher-order structures.[12] In particular, the object relations theory model focuses on the object relations organizing the individual's sense of self and sense of others, and how these object relations are organized in relation to one another to constitute identity formation.

Therefore, a central therapeutic intervention for someone with low self-esteem might be to reintegrate various self and object representations. The client/therapist therapeutic dyad could have a goal of fostering reflection and reintegrating the self-representation of being inferior and the idealized object representation of the superior other, thus establishing a more coherent sense of identity. An example would be an individual how is inhibited in projects where there is a risk for failure, and who might have at the same time a sense of themselves as highly competent and talented and a sense of themselves of unworthy and unoriginal. This individual might have fantasies of great success, ideal love, power and yet a sense they are uncapable and destined to failure. The goal of therapy would be to bring these two aspects of themselves together gradually so that they are able to see themselves in a more

[12] Eve Caligor, et.al, *"Psychodynamic Therapy for Personality Pathology: Treating Self and Interpersonal Functioning."*

complex, nuanced way; in a way that would account for both their talents and shortcomings.

SELF-PSYCHOLOGY AND KOHUT

Heinz Kohut, often referred to as the founder of the self-psychology school of psychoanalysis, has put the self at the center of his model.[13] Individuals are thought to have developmentally normative narcissistic needs. In fact, in order to form a coherent sense of self with a "mature form of positive self-esteem and self-confidence" "and a mature form of admiration for other", a child needs to have their accomplishments, qualities, and abilities recognized (being mirrored) and to be able to idealize and gradually de-idealize others (most often caregivers). Others are thought to function as "self-objects", contributing to our sense of cohesive self. These needs are seen as normative and continue throughout our lives. What can lead to disorders of the self is the lack of this developmentally normative mirroring and idealization and the inability to use these self-objects in healthy ways. Thus, our reliance on others to maintain a sense of self-esteem and self-cohesion is not to be transcended.

Critical therapeutic interventions with clients with low self-esteem would thus include being empathic to their situation, mirroring their abilities, allowing for the process of idealization and gradual disillusionment and encouraging the choice of adaptive self-objects (e.g., choosing friends or a partner that support us and whose support we can reciprocate). Our sense of self is thus intimately connected with others and interdependent.

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[13] Kohut, Heinz. *The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders.*

In a related manner, Fonagy et al. talk about the importance of the other in the development of our ability to mentalize appreciate our own mental states and the mental states of other.[14] It is thought that a caregiving relationship that fosters a sense of a secure attachment helps the individual develop a sense of self involving their ability to have a feeling of continuity over time and the ability to see oneself using narratives .

SELF-ESTEEM AND THERAPEUTIC ACTION

Let us use the fictional example of Jack. Jack is a married man in his fifties with two children. He has some important personal and professional achievements, yet he feels simultaneously proud and insecure about his accomplishments and capacities. He has childhood experiences of being highly valued for his accomplishments, and his parents would highly praise his actions, but he always got the sense that his value was contingent on his accomplishments. He consults in his fifties for a sense of emptiness and low self-esteem.

In psychotherapy, one possible path of intervention could be to create a space where Jack can be seen for all that he is. Being empathetically attuned, the therapist could mirror Jack's sense of who he is , allowing for the establishment of a relationship when Jack may idealize or feels a special sense of belonging (idealizing or twinship transference) with someone else and see it as a normal developmental task. There would be space to process an eventual disillusionment.

Alternatively, one could allow Jack to re-integrate the sense of feeling inferior and a potentially grandiose sense of self. In this manner,

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[14] Fonagy, Peter, Gyorgy Gergely, and Elliot L Jurist. *Affect Regulation, Mentalization and the Development of the Self.*

Jack would not be either a man with low self-esteem or a man with great (actual or fantasized) accomplishments, but a man with a multifaceted and complex sense of self. This would allow either the "split-off" (separated or isolated) inferior or grandiose part of himself to become integrated with the rest of his sense of himself.

SIMILARITIES AND DIFFERENCES WITH BUDDHISM

How might the psychoanalytic models of the self-compare and contrast with the Buddhist model of the self-presented above?

Certain aspects appear to be similar. In psychoanalysis, our sense of self is seen as interdependent. Others are instrumental figures in shaping our sense of self. In the object relations model, self and object (other people) representations are seen as building blocks of our sense of self. Self-psychology recognizes our mutual dependence. We can draw parallels with key elements of Buddhism, such as interdependence and multiple causes that contribute to the arising of a phenomenon (here being the sense of self).

However, there seems to be, on the surface at least, some striking differences. The psychoanalytic model gives a central role to one's developmental experiences. It speaks to the influence of early formative experiences and how they influence our sense of self. It sees the self in the context of one's life and through time. This could be called a "telescoping view." It also focuses on understanding individuals who present in a specific context, that of individuals presenting for psychotherapy for problems that might be related to their sense of self. On the other hand, Buddhism appears to look at the self in a potentially more "punctual" fashion.[15] It aims to gain insights into the nature of the self in part (or

[15] Charles Taylor. *Sources of Self: The Making of the Modern Identity.*

non/no-self) by exploring one's experience as it arises moment to moment – without, however, discounting lived-in experience.

Various authors have attempted to reconcile these differences in their own ways. I will briefly present Epstein's view of how psychoanalysis and Buddhism can complement each other.

COMPLEMENTARITY

Mark Epstein is a psychotherapist and psychiatrist who has written extensively on Buddhism and psychoanalysis.

He draws parallels between the notion of self and the Western psychological construct of "narcissism." For Epstein, both psychotherapy and meditation have essential and complementary roles.

Referring to the object relations model described above, he mentions that: "meditators set up aspects of the self as the enemy and then attempt to distance themselves from them." The problem is that the "qualities that are identified as unwholesome are actually empowered by the attempts to repudiate them" and that "it is a fundamental tenet of Buddhist thought that before the emptiness of self can be realized, the self must be experienced fully, as it appears. It is the task of therapy, as well as of meditation, to return those split-off elements to a person's awareness - to make the person see that they are not, in fact, split-off elements at all but essential aspects to his or her own being" . Therefore, Epstein sees the psychoanalytic attempt to re-integrate split-off aspects of oneself (e.g., the self-representation of being inferior to an omnipotent other) as the first step in the road to the realization of the emptiness of the self.[16] Skipping this step could potentially be seen as a form of

[16] Epstein, Mark. "Thoughts without a Thinker: Buddhism and Psychoanalysis," 391-406.

"spiritual bypassing" , a way of using spiritual methods as a quick fix to solve deeper psychological problems.

Nevertheless, there is a question as to how much these models can account for the more radical realization of the emptiness of the self or if there remains a subtle "conceit of the I" in these attempts at reintegrating psychoanalysis and Buddhist insights. The conceit of the "I" being this persistent conscious or unconscious attachment to this "I" or to this sense of a separate self despite some steps being taken in realizing the emptiness of the self.

CBT MODEL OF THE SELF

Cognitive-behavioural therapy (CBT) postulates the existence of cognitive processes such as core beliefs (or schemas), which influence our perceptions of ourselves.[17]

Core beliefs are fundamental beliefs about ourselves, the world and others. These core beliefs are formed during early development and shape how we process information.[18] For example, a person with a history of childhood neglect, for example, might have a core belief that they are unlovable and that others are unavailable and rejecting. Core beliefs are taught to help make sense of our experiences and help us respond to the environment. However, if they are too rigid and maladaptive, they can lead to non-functional behaviours (e.g., distancing oneself from others even when they are safe if one has the core belief that "Others are dangerous").

[17] Judith Beck, Aaron Beck. "Cognitive Therapy: Basics and Beyond."
[18] Ibid.

Core beliefs are also tied to rules (e.g., I must stay away from others) and assumptions (e.g., If I get close to others, then I will get hurt). These core beliefs, rules and assumptions then have an influential role in shaping our behaviours. Suppose someone has a core belief that they are incompetent. In that case, they might either avoid trying out new activities, engage with the new activity but with a sense of hopelessness or engage in compensatory strategies such as being overly perfectionistic or working too hard in order to cope with their sense of incompetence .

SELF-ESTEEM

What might then be a model of self-esteem according to CBT?

In Fennell's cognitive model of self-esteem , a person's life experience, and in particular early experiences, contribute to the formation of core beliefs.[19] This then shapes global "bottom line" judgments about oneself or "global negative self-judgments" having to do with the assessment of one's "worth" or "value as a person". One will then develop "standards" against which one's sense of worth will be measured. For example: if I achieve this milestone, it means that I am OK. If not, then this confirms that I am worthless". When a person is faced with events where they believe they have not been able to live up to their standards, there is a resultant chain of self-critical thoughts and maladaptive actions, reinforcing the sense of negative self-worth.

THERAPEUTIC ACTION

The key in CBT is then to use various cognitive and behavioural methods to act on the rules, assumptions, and core beliefs. One might work on "deconstructing" the maladaptive rules, assumptions, and core beliefs,

[19] Melanie Fennel. "Low Self-Esteem: A Cognitive Perspective." *Behavioural and Cognitive Psychotherapy* 25, no. 1 (1997): 1-26.

and building alternative schemas. For example, one might go from thinking "I am a loser" to "I am a person with strengths and weaknesses, and it is OK to fail" and from "If I fail, it means I am a loser" to "If I fail, it does not necessarily mean that I am a loser." The therapist and the client might work on re-assessing the validity and usefulness of various standards against which one's self-worth is measured.

In parallel to methods aimed at "deconstructing" the past maladaptive schemas, the therapist and the client could also work on "constructive" methods to build a sense of how the client would like to act and what they aspire to. The therapist might help the client construct new rules, assumptions, and ways of behaving that might be more adaptive in the client's current circumstances .

SIMILARITIES AND DIFFERENCES WITH BUDDHISM

There are significant similarities between cognitive-behavioural approaches to self-esteem and Buddhist insights.

First and foremost is the association between various labels we attribute to ourselves and suffering. To use Buddhist and cognitive-behavioural terminology, some schemas and core beliefs might lead to unwholesome states of mind, whereas other schemas and core beliefs might lead to more wholesome states of mind, where a person can engage in life in valued directions.

Additionally, some ways in which one can deal with distracting thoughts (as described above from a passage from the *Vitakka- saṇṭhāna Sutta*) include modifying one's thoughts and shifting our attention to develop a new perspective - "beating down the evil mind with the good

mind" as mentioned above being an extreme.[20] Although a cognitive-behavioural therapist would probably not encourage a client to wrestle with their thoughts, we can see similarities in the objective of developing a "right view" (in Buddhist terms) or a more balanced and adaptive view (in cognitive-behavioural terms).

There seem to be some differences between the two approaches, however. Although Buddhism views might argue for a certain disengagement from the overemphasis on the evaluative framework of the "self" altogether, cognitive-behavioural views appear to be still functioning within that framework. Ways of viewing the "self" are not let go of, but rather modified; and new more adaptive ways of perceiving the self are developed. Whether that would correspond to skillful means (a practical intermediary step, for example, before ultimately being able to disengage from "core" beliefs altogether) from a Buddhist perspective would then be a matter of debate.

ACT MODEL OF THE SELF

MODEL OF THE SELF

Acceptance and Commitment Therapy (ACT) highlights various models of the self and makes sense of how various senses of self arise .

ACT distinguishes three senses of self: the "conceptualized self," the "self as an ongoing process of awareness," and the "observing self."

The conceptualized self refers to the verbally known contents of our experiences of ourselves. Hayes et al. state that: "we tend naturally

[20] Soma, Thera. "Vitakkasanthana Sutta: The Removal of Distracting Thoughts (MN 20)," *Access to Insight (BCBS Edition)*, 2013.

toward (a) a consistent and coherent set of descriptions of our dominant attributes and (b) the tendency to ignore or otherwise resist contradictory evidence and to amplify confirmatory evidence, including the tendency to act in ways that avoid disconfirmation. We term the self that is verbally known through such as process the "conceptualized self." [21] His conceptualized self can serve adaptive functions (planning, relating to others etc.), but can also have potentially adverse consequences when one "fuses" or over-identifies with the contents of one's conceptualized self, such as for example negative evaluations about one's self. An example being that if I over-identify with the label "I am an anxious person", I might avoid things that I would have otherwise liked to do if I was not limited by that belief.

The self-as-process is defined by Hayes as: "self as an ongoing process of knowing is a fluid, dynamic process of knowing one's flow of experiences." This can be illustrated when one is aware of one's thoughts, emotions and physical sensations during a sitting meditation for example and sees these changing from moment to moment.

Torenke defines the self-as-context as: "simply the point from which we observe, act, and live our lives.[22] That is why relational frame theory refers to this aspect of our self-experience as self-as-perspective or self-as-context. This is the context within or perspective from which we experience what we experience." It is thought to be the point of view of "I, here, now" from which we can observe our experiences, as well as a continuous reference point, linked to the "observer self" or this process of being able to notice the contents of our experience.

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[21] Steven Hayes. "Functional Contextualism and the Self: Self-Relations in the Psychotherapy Process," in J.C. Muran, ed., *Self-Relations in the Psychotherapy Process* (Washington, DC: American Psychological Association, 2000): 291-307.

[22] Niklas Torneke, *Learning RFT: An Introduction to Relational From Theory and Its Clinical Application* (Oakland: New Harbinger Publications, 2010).

SELF-ESTEEM

ACT and relational frame theory advance that our self-concept comes from labels attached to us through our learning experiences . These labels can then be identified with the self, to the point where the "self itself becomes aversive". For example, a child who goes out to play instead of doing his homework might be labelled as "lazy," according to his caregivers. The child could then identify with the label lazy and believe that this label corresponds to how he is. He might then start to become "fused with self-critical or self-shaming constructions that [his] mind insist is [his] true self" .

Thus, from an ACT point of view, low self-esteem could be understood as fusion with the self-as-content aspect of our experience. This could contribute to the person engaging in maladaptive behaviours (avoiding asserting themselves, avoiding taking personal risks), which may reinforce the fusion with the aversive self-concepts.

THERAPEUTIC ACTION

In ACT, an overarching goal would be to foster a distance between the self-as-process and the conceptualized self by using the processes of defusion (being able to see the thoughts as being thoughts and decreasing the impact of those beliefs and one's behaviours), acceptance (allowing these thoughts and difficult emotions to be) and connecting with the ability to observe our experience without being caught or overwhelmed by it.

The process would be one in which the therapist and the client can reflect on the impact of being caught up with these beliefs about the self

(independently of whether they are seen as "positive" or "negative" by the client). They would reflect on how these thoughts and the related emotions influence the client's day-to-day behaviours. Then, they would focus on helping the client "unhook" for the thoughts by changing the context in which these thoughts are experienced (e.g., seeing the thoughts from a more distant point of view (from an "observer self" for example, viewing these thoughts as an "old story") while simultaneously allowing these difficult thoughts and emotions to be. The thoughts about the self would be observed from the point of view of the "I, here, now", observing these thoughts about "me/I."

They would then identify the client's values and determine what actions might be more in line with how the client wishes to live their life. A possible outcome would be for example: "I notice from my observer self that my mind is coming up with this old story that I am a failure, and I am also deciding to move towards my values, taking this personal risk while allowing this accompanying anxiety to be at the same time".

SIMILARITIES AND DIFFERENCES WITH BUDDHISM

There are striking similarities between some Buddhist views and ACT perspectives on the topic of the self. They share the use of mindfulness and observation processes to reduce the influence of mental constructions on one's behaviour. In addition, ACT ideas about the self are seen as being conditioned by past interactions and formed in a social context, which could have ties with the Buddhist concept of dependent origination. This self-as-concept is thus not seen as an immutable identity corresponding to the essence of a person, but rather as generated from multiple causes and in constant flux.

Furthermore, the ACT focus on functionality (e.g., how helpful are these thoughts, what is the outcome of being hooked by these thoughts)

could be seen as being tied to the concept of "wholesome" and "unwholesome" states of mind in Buddhism, where being hooked or fused with certain thoughts leads to unhealthy actions.

On the other hand, the concept of the "observer self" in ACT and this sense that frames such as "I" vs "you," "here" vs "there," "now" vs "then" are basic components of our experience could be seen as standing in contrast to the concept of non-self. Indeed, the subtle conceit of the "I" or attachment and identification with the "I" could lead to unwholesome states of mind and be seen as reflecting underlying attachments to the sense of a permanent self. Bhikkhu Bodhi talks about the illusion of the "I", "solid and substantial as a ball of steel" that is "lurking behind the kaleidoscope of our thoughts, dispositions and feelings.[23] As discussed by Fung, the scope of "letting go' appears to be much wider in Buddhism.[24] It is notable, however, that Hayes stated that the "observer self" is not meant to be taken as reflecting the existence of an actual fixed entity but as reflecting the process of being conscious of "one's" experience.[25]

INTRODUCTION - PART 2

In the second part of this paper, I will be laying out three clinical frameworks to address issues related to the self and self-esteem using reflections from Buddhism and the therapy models discussed above. [26]

[23] Bhikkhu Bodhi, "Seeking the Elusive Self."

[24] Kenneth Fung. "Acceptance and Commitment Therapy: Western Adoption of Buddhist Tenets?". *Transcultural Psychiatry* 52, no. 4 (2015).

[25] S.C. Hayes, "Buddhism and Acceptance and Commitment Therapy," *Cognitive and Behavioural Practice*, 9-1 (2002): 58-66.

[26] It is important to note that Buddhist traditions have also developed their own forms of therapy, independent from Western psychotherapy models and also influenced by Buddhist principles (Shiah, 2020) Yung-Jong Shiah, *Foundations of Chinese Psychotherapies: Towards Self-Enlightenment* (Springer, 2020).

I will start by talking about the general framework informing the categorization into these three models: Charles Taylor's hermeneutical and narrative approach to the self. I will then illustrate three mutually compatible approaches that can inform clinical conceptualizations and interventions: 1) re-interpreting - expanding approach 2) re-interpreting - reconstructing approach 3) side-stepping approach.

ANALYSIS / PRAGMATIC APPROACH

Charles Taylor is a Canadian philosopher whose work "Sources of the Self" has been a central contribution to narrative or hermeneutical approaches to the self.[27]

Fundamental tenets include the fact our self-interpretations are an essential part of how we understand ourselves. Taylor sees us as constantly interpreting ourselves and sees these interpretations as having an ethical dimension as well. The wish to be a caring friend, for example, and the narratives with which it can be associated is seen as an essential contribution to one's decision to help out a friend during difficult times.

These interpretations are also conceptualized to be co-authored by others. A person would not be the sole author of his or her story. Through interactions with others, who also contribute to add to or modify our story, our own co-authored story takes form. This then creates an ethical context through which our vision of the good (e.g., the values and motivations behind our actions) is articulated on a personal and collective level. These interpretations and narratives thus have significant pragmatic and ethical consequences in so far as they motivate our actions.

[27] Charles Taylor. *Sources of the Self: The Making of the Modern Identity* (Cambridge: Harvard University Press, 1992).

This model shares some assumptions with narrative therapy . In narrative therapy, stories about ourselves or narratives are seen as an integral part of how we understand ourselves. These narratives are also seen as co-constructed, with social, cultural, political, familial and community influences. Some narratives might be more or less helpful, and a critical task in therapy is to re-author stories, integrating parts of one's life that have been left out by the process of focusing only on certain parts of the less helpful "first narrative."

Using this point of view, which puts our capacity for interpretation and narrativity (tendency to use narratives and understand ourselves through narratives) at the center, I will be detailing three clinical frameworks to address self-related problems. Two of them (re-interpreting / expanding and re-interpreting / re-constructing) are within this narrative framework. The third is seen as an effort to take some distance from this narrative process (the side-stepping).

Before starting the discussion, it is important to note that these frameworks are not mutually exclusive and that these three approaches could be used within the context of a single psychotherapy session. While I am using some interventions from specific clinical approaches to illustrate my descriptions, I do not believe that these approaches only use of one of these frameworks.

I will thus proceed to the description of each framework, highlighting the contribution of a Buddhist understanding to the discussion.

RE-INTERPRETING / RE-CONSTRUCTING

A first possible way of articulating the aims of psychotherapy when addressing challenges in self-esteem is the re-interpreting / re-constructing framework.

From this perspective, a first self-interpretation or narrative is typically expressed by the client in the context of the psychotherapy. The first step would be to highlight this first narrative or interpretation. Subsequently, the therapy would focus on uncovering alternative self-interpretations, which would be co-created by the client and the therapist during the sessions.

Here is an example illustrating this process.

A woman in her sixties presents for psychotherapy with a long-standing history of social isolation. Over the years, she has formed the belief that she is uninteresting and that others will reject her. During the course of the psychotherapy, the therapist-client dyad would be invested in looking at the belief "I am uninteresting" and looking at its manifestations, its impact on the client's life and its origins. They would then arrive at a first "narrative" or understanding. The therapeutic work could then proceed in building an alternative self-interpretation or narrative. The therapist-client dyad could explore moments where the client did have some interactions with others which left her with the impression that she was, in fact, engaging and had something to offer. They could encourage new ways of interacting with others (e.g., joining a group, increasing social contacts), which might provide opportunities to realize that she might have something to contribute and that others can be interested in her.

This approach can be found in some psychotherapies, such as CBT. In the example used above, the patient could be seen as having the core belief that she is uninteresting. The therapist and the patient would

explore the context in which this belief was formed, the resulting behaviours (e.g., social avoidance) which might emerge in reaction to this belief and which perpetuate this belief. The goal in therapy would then be to engage in cognitive restructuring to come to a more helpful and alternative core belief (e.g., I am reasonably interesting, some people do appear to find that I have something to contribute). Engagement in behavioural experiments (e.g., going to a social event) helps build this alternative core belief that if this person collects new experiences that modify her previously held expectations, she would be rejected.

This framework can also (but not only) be found in some branches of psychodynamic psychotherapy, where this pattern of feeling uninteresting in relationship to a rejecting other would be explored. Distinguishing what was true of the past (e.g., the client had a rejecting caregiver who did not seem to take an interest in her) as opposed to what is true of the present (some people may or may not find her interesting) might encourage the client to try out alternative ways of behaving and build new self-interpretations.

RE-INTERPRETING / EXPAND

A second approach is the re-interpreting/expanding framework. According to this approach, the goal would not be so much to modify the first self-interpretation (unlike the re-interpreting: re-construct model). On the contrary, the goal is to generate additional self-interpretations and ways of understanding oneself to address low self-esteem, expanding and enriching the first self-interpretation. These additional interpretations could be derived from many sources, including the client's strengths, relationships, culture, challenges they have been able to navigate, etc.

I will present an example to illustrate this process.

Robert is a 48-year-old male. He presents with a two-year history of panic attacks in the context of performance anxiety when doing work-related presentations. In therapy, the therapist-client dyad's hypothesis is that the anxiety seems to be tied to the fear that his incompetence will be revealed to others through his presentations and that he will be left humiliated. This self-interpretation appears to be dominating Robert's life, to the point where it has become his primary way of seeing himself.

In a re-interpreting: expanding framework, the therapist-client dyad would expand the possibilities of how Robert can understand himself. By focusing on his strengths, talents, relationships and connections, the dominant self-interpretation could be gradually understood in a larger context as one of the various ways of seeing himself. Thus, Robert would not only be a man who struggles with a fear of incompetence, but he would also be able to build close relationships, a caring son, a supportive uncle, and a proud civil rights advocate. In contrast to the previous re-interpreting/re-construct framework, the focus would not be on the initial self-interpretation and building an alternative to that specific self-interpretation but instead on fostering additional self-interpretations to provide a fuller and richer picture.

This approach could be seen in various psychotherapy types, including some models of cognitive-behavioural therapy, psychodynamic therapy, interpersonal therapy and narrative therapy. In narrative therapy, for example, dominant narratives (e.g., Robert believing that he is incompetent in the context of his work presentations) would be identified. A therapy task would include building "second narratives" to contribute to a more nuanced and fuller global narrative.

SIDE-STEPPING

The last approach I will be discussing is the side-stepping approach. I will start by describing this approach in general and highlight some of its Buddhist influences.

The side-stepping approach consists of not engaging directly in narratives about the self. In this approach, focus on self-esteem itself is seen as potentially misguided insofar as it reinforces the problem it seeks to address. Both "positive" and "negative" self-concepts are embedded within that self-assessment framework. Moreover, this framework of self (and the related self-assessment) is seen as contributing to one's distress. Possible therapy goals within that framework would be to focus on how one relates to these self-conceptions rather than addressing the content of these self-conceptions.

This approach resonates with some Buddhist approaches, such as those described above. Accordingly, both desire for a "positive" self-conception, aversion for a "negative" self-conceptions and misguided conceptions about the unchangeability of the "self" would be seen as problematic, consistent with the Three Defilements in Buddhism (craving, aversion and delusion).

Some therapy models are partly consistent with this side-stepping approach. Some of these models, such as Acceptance and Commitment Therapy and Compassion-Focused Therapy, acknowledge parallels with or influences from Buddhism . The conventional self and its effects would not be denied, but the goal would not be to modify self-conceptions but to change our relationship with them.

An example of how these interventions might look in ACT is defusion from the self-as-content and focus on the self-as-context process. In defusion from the self-as-content, a client might bring to mind beliefs about themselves. That client might hold beliefs such as: "I am not

good enough," "I am unattractive," "I am unlovable" etc. The goal would be to help the client see these thoughts as thoughts, thus reducing these thoughts' influence on the client's behaviour. Ways of accomplishing that could be to create new contexts where the thoughts can be taken less literally (defusing the thoughts). Examples include playing around with aversive thoughts with visual or auditive mediums (e.g., signing thoughts, writing down thoughts on a sheet of paper and playing with the paper), using meditation to place the thoughts on leaves or clouds, externalizing the thoughts (e.g., "the bad person story is hooking me up again,") or using metaphors about the thoughts. The goal would be to change how these thoughts are experienced. The client could learn to become an observer of his or her own experience through mindfulness exercises, seeing the transient nature of these beliefs and their influence while also applying discernment to pay attention to the function of these beliefs (e.g. what happens to me when I get hooked by this belief about myself). A successful outcome would then be for the beliefs about oneself to be there while allowing the client to move in valued directions. This could also allow for reflection in the context of the therapy on the consequences of striving for a particular view of oneself.

In addition, Shauna Shapiro has written on a model by which mindfulness is hypothesized to achieve its therapeutic benefits. She introduces the process of "reperceiving" by which mindfulness enables one to "stand back from (witness) our "story" and who and what we ultimately are." She establishes parallels between the process of defusion in ACT and the process of "reperceiving" in mindfulness. Mindfulness allows one "shift one's perspective" and "disidentify with the content of one's mind" .[28]

AN INTEGRATIVE APPROACH

[28] Shauna Shapiro, et. al. "Mechanisms of Mindfulness." *Journal of Clinical Psychology* 62 no. 3 (2006): 373-386.

In conclusion, I have highlighted a Buddhist contribution to self-esteem, where staying with the notion of self-esteem in psychotherapy might contribute itself to a vicious cycle. In that cycle, efforts to "work on self-esteem" can create more suffering by keeping us caught in a framework of evaluating a separate, independent self. After presenting models of the self from psychoanalysis, cognitive-behavioural therapy and acceptance and commitment therapy, I have named three different approaches for problems of the self, inspired by Charles Taylor's narrative conception of the self: the re-interpreting re-constructing, the re-interpreting expanding and the side-steeping.

While keeping the Buddhist perspective in mind, I do believe that, depending on the context, various approaches to the self can be helpful. According to the circumstances, the side-stepping approach (which would approximate the most the Buddhist model presented) or any re-interpreting approaches (expand or re-construct) might be more useful. This is also highly congruent with the Buddhist notion of choosing skillful means to align ourselves with a desired ethical goal (whether it is enlightenment or a more modest goal of decreasing avoidance to live according to one's values.) Thus, in a therapy session, the therapist might navigate between these approaches to suit their conceptualization of what might be the most useful for a given client. I also believe that most psychotherapy approaches allow for various ways of helping clients with problems related to the self, even though some models seem to draw more from one approach than another.

Independently of whatever approach is used, a common factor is developing an understanding of the client's troubles, holding them in mind with compassion and helping them understand their concerns better.

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BIBLIOGRAPHY

Auchincloss, E. L. *The Psychoanalytic Model of the Mind*. Washington, D.C.: American Psychiatric Publishing, 2015.

Batchelor, Stephen. *After Buddhism: Rethinking the Dharma for a Secular Age.* New Haven: Yale University Press, 2015.

Beck, Judith S, and Aaron T Beck. *Cognitive Therapy: Basics and Beyond*. New York: Guilford Press, 1995.

Bodhi, Bhikkhu. "Seeking the Elusive Self.," *Inquiring Mind* 29, no. 2 (2013).

Caligor, Eve, Otto F Kernberg, John F Clarkin, and Frank E Yeomans. *Psychodynamic Therapy for Personality Pathology: Treating Self and Interpersonal Functioning.* Washington, D.C.: *American Psychiatric Publishing*, 2018.

Cashwell, C. S., Bentley, P. B., & Yarborough, J. P. "The Only Way Out is Through: The Peril of Spiritual Bypass," *Counseling and Values*, 51/2 (2007), 139-148.

Conze, E. *The Perfection of Wisdom in Eight Thousand Lines and its Verse Summary*. Bolinas, CA: Four Seasons Foundation, 1974.

Emmanuel, Steven M. *A Companion to Buddhist Philosophy.* Malden, MA: Wiley-Blackwell, 2013.

Epstein, Mark. "Thoughts Without a Thinker: Buddhism and Psychoanalysis." *Psychoanalytic Review* 82, no. 3 (1995): 391-406.

Falkenström, Fredrik. "A Buddhist Contribution to the Psychoanalytic Psychology of Self." *The International Journal of Psychoanalysis* 84, no. 6 (2003): 1551-68.

Fennell, Melanie J.V. "Low Self-Esteem: A Cognitive Perspective." *Behavioural and Cognitive Psychotherapy* 25, no. 1 (1997): 1-26.

Fonagy, Peter, Gyorgy Gergely, and Elliot L Jurist. *Affect Regulation, Mentalization and the Development of the Self*. New York: Routledge, 2018.

Fung, Kenneth. "Acceptance and Commitment Therapy: Western Adoption of Buddhist Tenets?" *Transcultural Psychiatry* 52, no. 4 (2015): 561-76.

Hayes, Richard. "Madhyamaka." *The Stanford Encyclopedia of Philosophy.* Stanford: The Metaphysics Research Lab, 2019.

Hayes, Steven C. "Buddhism and Acceptance and Commitment Therapy." *Cognitive and Behavioural Practice* 9, no. 1 (2002): 58-66.

Hayes, Steven C, and J Gregg. "Functional Contextualism and the Self." *Self-relations in the Psychotherapy Process* (2000): 291-307.

Kohut, Heinz. *The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders.* Chicago: University of Chicago Press, 2013.

Morgan, A. *What is Narrative Therapy?: An Easy-to-Read Introduction.* Adelaide: Dulwich Centre Publications, 2002.

Neff, K. D., & Vonk, R. "Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself," *Journal of Personality*, 77-1 (2009), 23-50.

Nhat Hanh, Thich and Levitt, Peter. *The Heart of Understanding: Commentaries on the Prajñāparamitā Heart Sūtra.* Berkeley: Parallax Press, 2009.

Olendzki, Andrew. *Untangling Self: A Buddhist Investigation of Who We Really Are.* New York: Simon and Schuster, 2016.

Padesky, C. A. (1994). "Schema Change Processes in Cognitive Therapy," *Clinical Psychology & Psychotherapy*, 1-5 (1994), 267-278.

Shapiro, Shauna L, Linda E Carlson, John A Astin, and Benedict Freedman. "Mechanisms of Mindfulness." *Journal of Clinical Psychology* 62 no. 3 (2006).

Shiah, Yung-Jong. *Foundations of Chinese Psychotherapies, Towards Self-Enlightenment.* Springer, 2020.

Silverstone, P. H., and M. Salsali. "Low Self-Esteem and Psychiatric Patients: Part I - the Relationship between Low Self-Esteem and Psychiatric Diagnosis." *Ann Gen Hosp Psychiatry* 2, no. 1 (Feb 11 2003): 2.

Taylor, Charles. *Sources of the Self: The Making of the Modern Identity.* Cambridge: Harvard University Press, 1992.

Thera, Soma. (tr.) "Vitakkasanthana Sutta: The Removal of Distracting Thoughts (MN 20)," *Access to Insight (BCBS Edition)*, 2013:

http://www.accesstoinsight.org/tipitaka/mn/mn.020.soma.html

Tirch, D., Schoendorff, B., & Silberstein, L. R. *The ACT Practitioner's Guide to the Science of Compassion: Tools for Fostering Psychological Flexibility.* Oakland: New Harbinger Publications, 2014.

Torneke, Niklas. *Learning Rft: An Introduction to Relational Frame Theory and Its Clinical Application*. Oakland, CA: New Harbinger Publications, 2010.

Young, J. E., Klosko, J., & Weishaar, M. *Schema Therapy*. New York: Guilford, 2003.