



# Lack of Self-acceptance According to Psychotherapists' Lived Experiences: A Reflexive Thematic Analysis

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## Abstract

**Background:** Lack of self-acceptance is one of the most pervasive factors threatening people's psychological well-being.

**Objectives:** This study aims to explore the roots and underlying causes of a lack of self-acceptance through the lived experiences of psychologists specializing in the field of self-acceptance.

**Methods:** A reflexive thematic analysis, based on the approach by Braun and Clarke, was conducted using 30 in-depth interviews. Participants were recruited through purposive and snowball sampling methods. To enhance the trustworthiness of the research, Lincoln and Guba's criteria were applied.

**Results:** The overarching theme identified was "Tripartite adversities involved in the formation of a lack of self-acceptance." This theme comprised intrapersonal factors ("Existential Insecurity"), interpersonal factors ("Deficits in Nurturance," "Restricted Autonomy," "Disrupted Trust," and "Exposure to Strict Standards"), and socio-cultural factors ("Minority Group Status").

**Conclusions:** The findings demonstrate that the roots of a lack of self-acceptance are complex and multifaceted. Addressing this issue has significant implications for improving self-acceptance, which is an integral component of many contemporary therapeutic modalities targeting trans-diagnostic factors such as perfectionism, self-criticism, and shame.

**Keywords:** Adverse Experience, Self-awareness, Perfectionism, Shame, Self-criticism, Qualitative Study

## 1. Background

To be human is to be perfectly imperfect. However, civility demands a flawless performance, requiring us to suppress darker emotions and present a socially acceptable facade. Consequently, parts of the self engage in criticizing other parts, set unattainable ideals, and even experience shame due to unacceptable aspects, ultimately leading to a lack of self-acceptance.

This study considers a lack of self-acceptance as the rejection of certain emotions, behaviors, or beliefs about oneself, accompanied by resistance to these aspects emerging. This resistance results in the avoidance of specific emotional, cognitive, and behavioral experiences.

For nearly a century, various conceptualizations have emerged around the lack of self-acceptance,

underscoring the complexity of this phenomenon. For instance, Rogers introduced the term "Conditional Positive Regard" to conceptualize a lack of self-acceptance (1, 2), asserting that it is linked to family interaction patterns. In contrast, Ellis argued that individuals' irrationality toward themselves, known as global self-evaluation, fosters a lack of self-acceptance (3). Levin and Hayes (4, 5) attributed this phenomenon to psychological inflexibility, suggesting that the avoidance of private experiences contributes to a lack of self-acceptance.

These conceptualizations highlight the diversity of perspectives on the origins of a lack of self-acceptance. While established theories provide foundational insights, ongoing research continues to explore the complexities of this phenomenon. This qualitative study delves into the lived experiences of psychologists facing

self-acceptance issues, aiming to uncover deeper insights into the internal struggles and personal narratives that shape this condition.

Moreover, there has been a long-standing lack of consensus regarding how a lack of self-concept is formed and the relative influence of intra- and interpersonal variables. A prominent notion in self-view theory and research is that behavior, cognition, and emotions related to the view of the self are guided by internal working models (IWMs), as conceptualized by Bowlby (6). When early relationships provide a child with secure attachment, the child develops healthy working models, fostering a positive self-attitude due to a stable and reliable external social environment (7). Conversely, an insecure attachment style reflects IWMs associated with beliefs such as "I am unlovable," "I am not worthy," and "I am defective".

Other studies move beyond the exclusive examination of maternal parenting behavior, emphasizing the role of dyadic and triadic family interaction patterns (involving mother, father, and child) (8) as well as social configurations involving multiple individuals (9). For example, recall of early life events, such as submissiveness (10), has been shown to influence people's self-beliefs (11). These coded experiences or "self-schemas", as described in cognitive theories, originate from interactions with others and can alter individuals' body memory and feelings about themselves (12).

However, Thompson et al. (13), along with Brown et al. (14), propose that not only interpersonal relationships but also intrapersonal growth from within plays a critical role in forming self-concept, further adding to the complexity of the issue. Although these studies have advanced our understanding of the factors influencing the formation of self-concept and, consequently, a lack of self-acceptance, considerable ambiguity remains regarding the specific roots and causes of a lack of self-acceptance.

On the other hand, a lack of self-acceptance is closely related to many trans-diagnostic underlying factors involved in mental disorders. Studies have shown that a lack of self-acceptance contributes to perfectionism (15-17), self-criticism (18, 19), and shame (20, 21). Since perfectionism, self-criticism, and shame are among the most common underlying factors in psychological disorders, it is evident that a lack of self-acceptance plays a critical role in the development of these disorders. As a result, self-acceptance is an integral

component of many current therapeutic modalities, such as dialectical behavior therapy (22), rational emotive behavior therapy (23), and acceptance and commitment therapy (24).

Despite the significance of self-acceptance, few studies have directly examined personal narratives, and the specific grounds for a lack of self-acceptance. Most existing research has focused on broader concepts related to self-concept or self-view, or on investigating the effects of increasing self-acceptance. Although extensive research has been conducted on broader constructs such as self-view and self-concept, as well as on the consequences of a lack of self-acceptance—such as shame, perfectionism, and self-criticism—there is a notable absence of studies specifically addressing the reasons and personal narratives that contribute to a lack of self-acceptance in individual cases.

By delving deeply into the origins of a lack of self-acceptance and understanding it more clearly, we can gain a deeper insight into the factors underlying this phenomenon. Such understanding can guide the development of more targeted therapeutic and preventative approaches to address the root causes of these issues. Ultimately, this research could contribute to promoting self-awareness and enhancing overall well-being.

## 2. Objectives

Given that a lack of self-acceptance manifests in various ways, and considering the insights provided by existing theories, it is likely that multiple factors contribute to individualized experiences of this phenomenon. The current qualitative study aims to explore these experiences by examining the personal narratives and internal struggles of individuals dealing with a lack of self-acceptance.

To achieve these objectives, an interpretive approach employing a qualitative methodology is well-suited to provide the most comprehensive insights in the absence of existing data. Accordingly, this study was designed to include in-depth interviews conducted in a natural context with psychologists whose relevant personal experiences position them as key informants.

## 3. Methods

Given the complexity and multifaceted nature of a lack of self-acceptance, this study explores the lived experiences of psychologists dealing with self-

acceptance issues. Since they have carefully examined their own lives and growth conditions over many years to address their lack of self-acceptance, delving into their narratives can provide deeper insights into the phenomenon. Moreover, psychologists' professional training may have enabled them to closely observe and analyze the factors contributing to their lack of self-acceptance.

Reflexive thematic analysis was employed to gain a deep and comprehensive understanding of the roots and causes of a lack of self-acceptance. In this method, researchers play an active role in knowledge production (25), and coding is derived from the data itself rather than from pre-existing theories (26). Additionally, a latent thematic analysis approach was utilized to uncover patterns and underlying concepts within the data (27). This approach allowed for the exploration of emerging ideas and the construction of a nuanced understanding of the phenomenon using an inductive approach.

Participants were recruited from a pool of psychologists with expertise in self-acceptance and a demonstrated clinical interest in the topic. Inclusion criteria included: Being a psychologist, acknowledging past struggles with perfectionism, self-criticism, or shame, participating in therapy for their condition, demonstrating clinical interest in self-acceptance, and a willingness to share their personal experiences. Purposive and snowball sampling methods were employed, and conceptual saturation was reached by the 25th interview; however, five additional interviews were conducted to "tell a rich story" (28).

This research was conducted in accordance with the ethical guidelines of Semnan University (approval number [IR.SEMUMS.REC.1399.151](#)). Prior to the interviews, participants were informed about the purpose of the study, provided their consent, and selected their preferred interview format (in-person, online, or by phone). Verbal consent was also obtained for digitally recording the interviews to ensure all details were preserved. At the start of each interview, participants' demographic information was collected to confirm eligibility. Additionally, participants were assured of confidentiality and anonymity.

An open-ended, pre-ordered, semi-structured questionnaire was designed to guide the interviews. Initial questions, such as "What was the story of your acquaintance with this area of self-acceptance in your personal life?" and "Why do you think you could not

accept some aspects of yourself before?" focused on general topics. More sensitive questions were introduced once rapport was established, such as: "When and which unacceptable characteristic did you consciously accept for the first time?" and "Could you please tell us about any issues that caused a lack of self-acceptance in your case?" Probing questions, like "What do you mean by that?" and "Could you please explain or clarify further?" were asked as needed. Interview durations ranged from 45 to 90 minutes.

The data analysis process followed the six steps outlined by Braun and Clarke (29): Familiarization, coding, searching for themes, reviewing themes, defining and naming themes, and writing a report. To implement these steps, immediately after completing each interview, the researchers repeatedly listened to the audio recordings and transcribed them using Microsoft Word 2021. The texts were then reexamined to achieve a more comprehensive understanding.

Significant statements from the interviewees were meticulously coded. Using a constant comparison approach, the open codes were grouped under more general and abstract headings based on similarities in content and meaning. Subsequently, the underlying themes of codes within the same category were extracted, named, and reviewed. These themes were then defined in detail, and finally, a comprehensive report of the findings was prepared ([Table 1](#)). The interviews were conducted between March 2022 and November 2023.

Trustworthiness was ensured using Lincoln et al.'s criteria (30). The researchers extended the research process to engage deeply with the data and gain a comprehensive understanding of the diverse perspectives and interpretations of the participants. Step-by-step findings were shared with some participants to verify the accuracy and correctness of the researchers' understanding of their experiences. Additionally, the step-by-step data analysis, extracted codes, and categorization were reviewed and discussed with experts familiar with qualitative methods and the subject of self-acceptance (peer review) to largely ensure credibility.

To ensure consistency, a clear audit trail of the research process was maintained including audio recordings and the immediate transcription of each interview. The data analysis was facilitated using MAXQDA18 software. Furthermore, rigorous auditing, extending the study duration, frequent data reviews,

**Table 1.** Overarching Theme, Themes, and Subthemes Involved in Shaping Lack of Self-Acceptance

Overarching Theme	Themes	Subthemes	Codes
<b>Tripartite adversities involved in the formation of a lack of self-acceptance</b>	Intrapersonal adversity	Life-threatening experiences	Experiencing physical danger; being unwanted; injury during birth; experiencing early illness
	Interpersonal adversity	Experiencing deficits in nurturance	Receiving inadequate parental care; facing emotional coldness; experiencing loss ; experiencing rejection (gender-based rejection or body-shape rejection)
		Restricted autonomy	Being underestimated; having activities devalued; being controlled; being overprotected
		Disrupted trust	Having excessive responsibilities; experiencing physical abuse; experiencing being unburdened on; experiencing deception
		Exposure to strict standards	Exposure to strict expectations; experiencing unfavorable comparisons; parental praise of perfectionism; exposure to fear-based discipline; exposure to obligatory change; pressure to achieve; being exposed to rigid sociocultural norms; being exposed to rigid religious beliefs; being exposed to social media's standards
	Socio-cultural adversity	Minority group status	Being among religious minorities; being among sexual minorities; having a physical disability; being among the economic minorities; being among ethnic minorities

bracketing, and journaling of researchers' thoughts were employed to minimize bias and maximize neutrality.

Finally, applicability was improved through detailed descriptions of all research steps, participant responses, and the inclusion of direct quotes, enabling other researchers to make informed judgments about the study.

#### 4. Results

The participants (30 psychologists), aged between 30 and 73 years, included 17 males and 13 females. The sample comprised 21 individuals with a Ph.D. in psychology, 1 individual with a Ph.D. in psychoanalysis, 5 individuals with a master's degree in psychology, 1 individual with a medical doctorate, and 2 Ph.D. candidates in psychology (Table 2).

The extracted overarching theme was "Tripartite Adversities Involved in the Formation of a Lack of Self-acceptance", which consists of intrapersonal, interpersonal, and socio-cultural adversities (Table 1). These themes are not entirely distinct from one another. They reflect the pervasive unmet developmental needs of individuals and intense experiences that hinder the formation of a healthy sense of self, ultimately leading to a lack of self-acceptance in the relevant areas (Figure 1).

##### 4.1. Intrapersonal Adversity

Intrapersonal adversity is closely tied to the core of individuals and relates to experiences that threaten their physical and existential safety. Existential

insecurity encompasses events, environments, and primary relationships that can lead to feelings of vulnerability and insecurity. One participant provided a significant example:

"I had always had headaches until my therapist suggested documenting when they occurred, and I realized I had a feeling of insecurity every time. My therapist helped me stay with my emotions. I discovered I was unconsciously contracting my scalp, which caused the headaches... I remembered a childhood memory when the city was bombarded during the war. It was terrifying..." (P1).

Another participant shared: "When I was a child, I was ill and had to undergo a life-threatening surgery right away. I thought I might die!" (P6). The common theme in all these examples is the issue of life and death, which strongly impacted their sense of physical security in the following years of their lives.

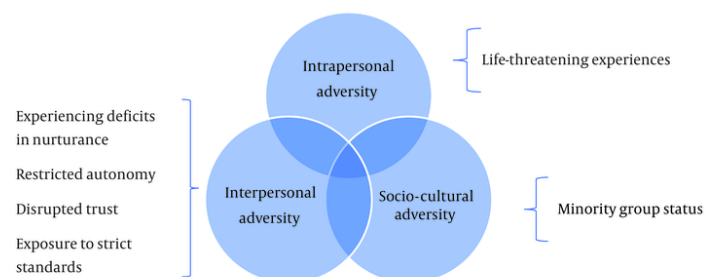
##### 4.2. Interpersonal Adversity

Interpersonal adversities arise in relationships with particularly significant others and are more outwardly visible than intrapersonal experiences. These adversities include the subthemes: Deficits in nurturance, restricted autonomy, disrupted trust, and exposure to strict standards. Regarding deficits in nurturance, being deprived of adequate physical and emotional care in childhood is one reason individuals may feel unworthy of receiving love. One participant stated:

"After becoming exhausted from attachment to my partner, I focused on my emotions and realized I was evoking mothering behavior in her... I remembered that my mother would stay late at work, and I could not

**Table 2.** Demographic Information of Participants

No	Gender	Age	Therapeutic Approach & Occupational Status
1	Female	44	REBT psychotherapist & professor
2	Female	58	CBT psychotherapist & professor
3	Male	38	Analytical psychotherapist
4	Male	41	ACT psychotherapist & professor
5	Female	56	CBT psychotherapist & professor
6	Female	60	Gestalt therapist
7	Male	49	Person-centered therapist
8	Female	48	ACT psychotherapist
9	Female	45	Mindfulness-based cognitive therapist
10	Male	73	ACT psychotherapist & professor
11	Female	43	Existential psychotherapist
12	Female	39	Gestalt therapist & professor
13	Male	52	CBT psychotherapist & professor
14	Male	39	ACT psychotherapist
15	Male	45	ACT psychotherapist & professor
16	Male	40	CBT psychotherapist & professor
17	Male	42	ACT psychotherapist & professor
18	Male	39	CBT psychotherapist
19	Female	48	REBT psychotherapist & professor
20	Female	47	Horney analytical psychotherapist
21	Female	46	CFT psychotherapist
22	Male	43	Analytical psychotherapist
23	Female	31	CFT psychotherapist
24	Female	30	CBT psychotherapist
25	Female	31	Psychoanalyst based on self psychology
26	Male	45	CBT psychotherapist & professor
27	Male	36	Intensive short term dynamic psychotherapy
28	Female	34	ACT psychotherapist
29	Female	34	EFT psychotherapist
30	Female	43	Dialectical behavior therapist

**Figure 1.** Tripartite adversities involved in the formation of a lack of self-acceptance

find anything to eat at home during my childhood..." (P18).

Another participant shared: "I lost my father, and my mother left me at my grandfather's house after she



remarried. I think this was the reason I always sought love and care from others" (P20). The participants' remarks highlight insufficient nurturance as a significant factor leading individuals to seek affection and love, which ultimately results in an impaired sense of self-worth and a lack of self-acceptance.

Suppressed autonomy refers to experiences in which individuals encounter situations that limit their ability to exercise autonomy and make independent decisions. These experiences can strongly affect the development of self-acceptance. One participant remarked: "I was prohibited from going out with my friends. My father would say they were not worthy of my time. I also remember that my mother always answered questions asked of me; I felt I had no space to express myself. Everything was pre-determined, and there was no sense of agency. I hated myself for not being able to claim my "truth"..." (P25). Another participant shared: "My parents lost their first child, and they used to overprotect me" (P24).

In this theme, the participants explained that the constant feeling of being under surveillance made them susceptible to inner suffocation and created a strong desire for private space, independence, and freedom. However, due to their parents' interference in their lives, they were unprepared for independence.

Regarding disrupted trust, childhood abuse, whether physical or emotional, has detrimental effects on children's perception of themselves and others, disrupting their ability to trust. When children's vulnerabilities, love, and desire to please their parents are exploited, not only is their self-image impaired, but these manipulations also lead to a disruption of trust in others, as shown in the following quotes:

"I always felt like people wanted to take advantage of me, so I couldn't establish relationships. I had a deep-seated feeling of 'being bad,' even though I pretended to be trustworthy. During therapy, I realized that my feelings were related to my parents' misconducts, such as being deceived and being physically punished" (P12).

Another participant said: "I think it was because I had to work and help my father cash his checks" (P21). These victims of abuse had internalized the negative behaviors of their parents and were unable to accept themselves as they were.

The subtheme exposure to strict standards addresses the presence of excessively strict authority figures in family or educational settings. The participants'

responses revealed that they were under pressure to meet impossibly high standards, which emphasized perfection in appearance and achievement. Failing to meet these standards led them to feelings of worthlessness.

One participant said: "My mother was constantly analyzing everyone's appearance, and my father constantly compared me to those who were successful" (P2). Another participant said: "The teachings we were given about envy and other sins made me deny, rationalize, or criticize myself unconsciously after committing them" (P5). Moreover, another participant said:

"My parents expected me to be better than other children because they worked much harder than other parents. Sometimes my dad would say, 'We gave you everything you wanted, and that's why we expect more from you'" (P17). The constant comparison to others and the high expectations placed on them contributed to a distorted sense of self-worth, leading to difficulty in accepting themselves.

In this subtheme, there is significant emphasis on achieving high standards. This way of raising individuals directly contributes to creating an environment with little room for mistakes, individuality, or intrinsic motivation. Moreover, in this subtheme, performance is valued more than the individual, so if someone fails to meet those standards, they feel extremely worthless.

#### 4.3. Socio-cultural Adversity

This theme reflects how social and cultural conditions influence one's relationship with themselves. The subtheme "Minority Group Status" addresses the challenges faced by individuals belonging to minority groups due to their linguistic, religious, physical, or ideological differences. Discrimination, social exclusion, and individuals' internalized expectations of being excluded can hinder the formation of a healthy sense of self, leading to a lack of self-acceptance. One participant said: "My mother was from a village and was never able to learn the manners of life in a city... I tried to compensate for that by being extremely perfectionistic" (P8). Another participant said: "We were a religious minority and were often harassed by some of our fellow citizens" (P5). It appears that people in minority groups often find themselves in a position where the stigma of feeling "they do not belong" makes it more difficult for them to accept

themselves as they are. As a result, they must make an active, extra effort to fit in and belong.

## 5. Discussion

This study identified that the lack of self-acceptance is a complex and multifaceted construct, consisting of intrapersonal, interpersonal, and socio-cultural aspects. Experiencing adversities such as “existential insecurity,” “experiencing deficits in nurturance,” “restricted autonomy,” “disrupted trust,” “exposure to strict standards,” and “minority group status” can lead to a lack of self-acceptance, which may, in turn, result in perfectionism, self-criticism, and shame.

As examined in this research, experiencing life-threatening events led individuals to avoid certain aspects of themselves or their inner experiences. Life-threatening experiences, being matters of life and death, are an intrapersonal phenomenon. While earlier studies and theories have highlighted the impact of traumatic experiences on overall personality development and identity formation, the role of “life-threatening experiences” as a direct and primary cause of the lack of self-acceptance has not been specifically identified. However, Darwin, Freud, and many others have argued that all beings are instinctively driven toward self-preservation and the continuity of experience.

Interpersonal adversities reflect the role of relationships with significant others in the formation of a lack of self-acceptance in the following ways. Firstly, regarding deficits in nurturance, the findings demonstrate that inadequate attention to physical and emotional needs by primary caregivers can play a significant role in the development of a lack of self-acceptance. This is consistent with Bowlby's notion of a secure base, which emphasizes the critical role that early caregiving plays in the development of a healthy self-concept, in turn affecting people's capacity to seek out and offer care to others (31). Gilbert (32) argues that individuals with such deficits are highly sensitive to signs of abandonment. One of their common fears is that their loved ones will reject them, leading them to constantly demand love, appreciation, and approval. This behavior pushes people away and manifests as uncomfortable attachment patterns and relationship dynamics. Moreover, deficits in nurturance lead to negative reactions when facing situations that require compassion and care (33), particularly in individuals with high levels of self-criticism and shame (34).

Secondly, this study supports the notion that restricted autonomy, resulting from excessive support, control, and protection from parents, hinders individuals' sense of autonomy. This issue alone can impact their self-acceptance. As a result, instead of developing a healthy and acceptable sense of self, they tend to have negative self-evaluations, behave negatively toward themselves (35), become overly dependent on their parents, and feel vulnerable and inadequate when faced with the real world (36).

Thirdly, regarding disrupted trust, our findings indicate that parental misconduct during childhood is associated with a lack of self-acceptance in individuals and their unhealthy relationships, which supports previous findings (37). Since children pick up on both verbal and nonverbal cues from their parents, their behaviors can significantly impact the child's development (38). As “the reactions of those around us are the biggest driver of our self-image” (39), such parental misconduct has long-lasting effects.

Lastly, regarding exposure to strict standards, our results show that evaluating children based on their performance leads to uncertainty about the adequacy or goodness of any efforts they make. This gradually cultivates performance-dependent self-worth. This attitude results in the conceptualization of the self as defective and not good enough (40, 41), ultimately leading to a lack of self-acceptance. In summary, this research supports the idea that interpersonal relationships contribute to the development of a lack of self-acceptance in various ways.

Regarding socio-cultural adversities, minority group status (i.e., belonging to ethnic, religious, or physical minority groups) inherently leads to a sense of not belonging and forms the basis for a lack of self-acceptance. Most research on self-acceptance focuses on how it develops within minority groups (42, 43). Since individuals in minority groups are often victims of prejudice, stereotypes, and discrimination, their self-worth is impacted through mechanisms such as reflected appraisal and social comparison (44).

In conclusion, the findings revealed that the lack of self-acceptance may originate from adversities in three main areas: Intrapersonal, interpersonal, and socio-cultural adversities. That is, the way individuals' inner world, interpersonal relationships, and the cultural context they exist in contribute to the development of a lack of self-acceptance. This suggests that an individual's

well-being is inextricably linked to the healthy dynamics of both family and society.

It is important to note that interviewing psychologists who have also experienced a lack of self-acceptance allowed for a more thorough investigation of the phenomenon, which is crucial for cultivating a deeper understanding of this issue. However, interviewing psychologists exclusively may have limited the applicability of the findings to other contexts. The profession and field of psychologists may lead to a profession-based narrative of their lived experiences with low self-acceptance, making it impractical to generalize to the broader public. Future research could examine the perspectives of individuals from diverse backgrounds and disciplines.

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## Footnotes

**Authors' Contribution:** Study concept and design: S. S.; Acquisition of data: S. S. and M. N.; Analysis and interpretation of data: S. S., M. N., and A. R.; Drafting of the manuscript: S. S.; Critical revision of the manuscript for important intellectual content: S. S., M. N., and A. R.; Statistical analysis: S. S., M. N., and A. R.; Administrative, technical, and material support: S. S.; Study supervision: M. N.

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**Ethical Approval:** This research was conducted under the ethical guidelines of Semnan University (approval number [IR.SEMUMS.REC.1399.151](#) ).

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## References

1. Rogers CR. *On becoming a person: A therapist's view of psychotherapy*. New York, Boston: Houghton Mifflin Company; 1995.
2. Steffgen ST, Soenens B, Otterpohl N, Stiensmeier-Pelster J, Schwinger M. Latent Profiles of Parental Academic Conditional Positive and Negative Regard. *Parent Sci Pract*. 2022;**22**(4):347-81. <https://doi.org/10.1080/15295192.2021.2010501>.
3. Calin F, Tasente T. Self-acceptance in today's young people. *Tech Soc Sci J*. 2022;**38**:367-79. <https://doi.org/10.47577/tssj.v38i1.7984>.
4. Levin M, Hayes SC. Mindfulness and acceptance: The perspective of acceptance and commitment therapy. In: Herbert JD, Forman EM, editors. *Acceptance and mindfulness in cognitive behavior therapy: Understanding and applying the new therapies*. Hoboken, US: John Wiley & Sons, Inc; 2011. p. 291-316. <https://doi.org/10.1002/9781118001851.ch12>.
5. Molavi P, Pourabdol S, Azarkolah A. The Effectiveness of Acceptance and Commitment Therapy on Posttraumatic Cognitions and Psychological Inflexibility among Students with Trauma Exposure. *Arch Trauma Res*. 2020;**9**(2):69-74. [https://doi.org/10.4103/atrr.atrr\\_100\\_19](https://doi.org/10.4103/atrr.atrr_100_19).
6. Gelso CJ, Palma B, Bhatia A. Attachment theory as a guide to understanding and working with transference and the real relationship in psychotherapy. *J Clin Psychol*. 2013;**69**(11):1160-71. [PubMed ID: [24003000](#)]. <https://doi.org/10.1002/jclp.22043>.
7. Nivison MD, Dagan O, Booth-LaForce C, Roisman GI, Waters TEA. Caregiving Antecedents of Secure Base Script Knowledge Inferred from the Adult Attachment Interview: A Comparative, Pre-Registered Analysis. *Infant Child Dev*. 2024;**33**(2). [PubMed ID: [38836131](#)]. [PubMed Central ID: [PMC1147134](#)]. <https://doi.org/10.1002/icd.2410>.
8. McHale JP, Rasmussen JL. Coparental and family group-level dynamics during infancy: early family precursors of child and family functioning during preschool. *Dev Psychopathol*. 1998;**10**(1):39-59. [PubMed ID: [9524807](#)]. <https://doi.org/10.1017/s0954579498001527>.
9. Miller PJ, Mangelsdorf SC. Developing selves are meaning-making selves: recouping the social in self-development. *New Dir Child Adolesc Dev*. 2005;**109**:51-9. [PubMed ID: [16342893](#)]. <https://doi.org/10.1002/cd.137>.
10. Gilbert P, Cheung M, Grandfield T, Campey F, Irons C. Recall of threat and submissiveness in childhood: Development of a new scale and its relationship with depression, social comparison and shame. *Clin Psychol Psychother*. 2003;**10**:108-15. <https://doi.org/10.1002/cpp.359>.
11. Occhionero M, Tonetti L, Giovagnoli S, Natale V. The Infantile Amnesia Phenomenon and the Beginning of Autobiographical Memories. *Appl Sci*. 2023;**13**(2). <https://doi.org/10.3390/app13021158>.
12. Brewin CR. Understanding cognitive behaviour therapy: A retrieval competition account. *Behav Res Ther*. 2006;**44**(6):765-84. [PubMed ID: [16620779](#)]. <https://doi.org/10.1016/j.brat.2006.02.005>.
13. Thompson RA, Winer AC, Goodvin R. The individual child: Temperament, emotion, self, and personality. In: Bornstein MH, Lamb M, editors. *Developmental science: An advanced textbook*. New York, US: Psychology Press; 2010. p. 435-76.



14. Brown GL, Mangelsdorf SC, Neff C, Schoppe-Sullivan SJ, Frosch CA. Young Children's Self-Concepts: Associations with Child Temperament, Mothers' and Fathers' Parenting, and Triadic Family Interaction. *Merrill Palmer Q (Wayne State Univ Press)*. 2009;**55**(2):184-216. [PubMed ID: 25983365]. [PubMed Central ID: PMC4429799]. <https://doi.org/10.1353/mpq.0.0019>.
15. Hewitt PL, Flett GL, Mikail SE. *Perfectionism: A relational approach to conceptualization, assessment, and treatment*. New York, US: The Guilford Press; 2017.
16. Stoeber J. The psychology of perfectionism: Critical issues, open questions, and future directions. In: Stoeber J, editor. *The psychology of perfectionism: Theory, research, applications*. Oxfordshire, UK: Routledge/Taylor & Francis Group; 2018. p. 333-52.
17. Ellis A. *How to Stubbornly Refuse to Make Yourself Miserable: About Anything-Yes, Anything!*. London, UK: Hachette; 2019.
18. Gilbert P, Clarke M, Hempel S, Miles JN, Irons C. Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *Br J Clin Psychol*. 2004;**43**(Pt 1):31-50. [PubMed ID: 15005905]. <https://doi.org/10.1348/014466504772812959>.
19. Bowins B. *States and processes for mental health: Advancing psychotherapy effectiveness*. New York, US: Academic Press; 2021. <https://doi.org/10.1016/b978-0-323-85049-0.00029-5>.
20. Lewis M. The Role of the Self in Shame. *Soc Res: An Int Quart*. 2003;**70**(4):1181-204. <https://doi.org/10.1353/sor.2003.0003>.
21. Schoenleber M, Gratz KL. Self-Acceptance Group Therapy: A Transdiagnostic, Cognitive-Behavioral Treatment for Shame. *Cogn Behav Pract*. 2018;**25**(1):75-86. <https://doi.org/10.1016/j.cbpra.2017.05.002>.
22. Dimeff L, Linehan M. Dialectical Behavior Therapy in a Nutshell. *California Psychol*. 2001;**34**(3):10-3.
23. Ellis A. *The myth of self-esteem: How rational emotive behavior therapy can change your life forever*. Buffalo, US: Prometheus Books; 2010.
24. Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. *Behav Res Ther*. 2006;**44**(1):1-25. [PubMed ID: 16300724]. <https://doi.org/10.1016/j.brat.2005.06.006>.
25. Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qual Res Sport Exerc Health*. 2019;**11**(4):589-97. <https://doi.org/10.1080/2159676x.2019.1628806>.
26. Byrne D. A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Qual Quant*. 2021;**56**(3):1391-412. <https://doi.org/10.1007/s11335-021-01182-y>.
27. Terry G, Hayfield N, Clarke V, Braun V. Thematic Analysis. In: Willig C, Rogers WS, editors. *The SAGE Handbook of Qualitative Research in Psychology*. London, UK: SAGE Publications, Ltd; 2017. p. 17-36. <https://doi.org/10.4135/9781526405555.n2>.
28. Clarke V, Braun V. *Successful Qualitative Research: A Practical Guide for Beginners*. California, US: SAGE Publications Ltd; 2013.
29. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;**3**(2):77-101. <https://doi.org/10.1191/1478088706qp0630a>.
30. Lincoln YS, Guba EG, Pilotta JJ. Naturalistic inquiry. *Int J Intercult Relat*. 1985;**9**(4):438-9. [https://doi.org/10.1016/0147-1767\(85\)90062-8](https://doi.org/10.1016/0147-1767(85)90062-8).
31. Symons DK, Clark SE. A Longitudinal Study of Mother-Child Relationships and Theory of Mind in the Preschool Period. *Soc Dev*. 2002;**9**(1):3-23. <https://doi.org/10.1111/1467-9507.00108>.
32. Gilbert P. *Counselling for Depression*. London, UK: HeinOnline; 1992.
33. Wang J, Guo M, Day J, Kirby JN. Self-Acceptance Mediates the Relationship between Perceived Parenting Behaviors and Fears of Compassion. *J Child Fam Stud*. 2023;**32**(3):744-55. <https://doi.org/10.1007/s10826-022-02522-8>.
34. Gilbert P. An Introduction to Compassion Focused Therapy in Cognitive Behavior Therapy. *Int J Cogn Ther*. 2010;**3**(2):97-112. <https://doi.org/10.1521/ijct.2010.3.2.97>.
35. Ma S, Wang J. [Parenting factors and social anxiety: mediating role of self-acceptance]. *China J Health Psychol*. 2015;**35**:899-901. ZH.
36. Kwok SY, Gu M, Sychaisuksawat P, Wong WW. The relationship between parent-child triangulation and early adolescent depression in Hong Kong: The mediating roles of self-acceptance, positive relations and personal growth. *Child Youth Serv Rev*. 2020;**109**. <https://doi.org/10.1016/j.childyouth.2019.104676>.
37. Gerhant A, Olajossy M. Personality traits in alcohol-dependent individuals in the context of childhood abuse. *Psychiatr Pol*. 2016;**50**(5):973-87. [PubMed ID: 27992890]. <https://doi.org/10.12740/PP/60346>.
38. Siegel DJ. *The developing mind: How relationships and the brain interact to shape who we are*. New York, US: The Guilford Press; 2020.
39. Gibson PF. *Young Girls' Lived Experiences of going Online': An Exploration Into the Relationships Between Social Media Use and Well-being for Primary Age Girls [Thesis]*. Oxford, UK: Oxford Brookes University; 2019.
40. Horney K. *Neurosis and Human Growth: The struggle toward self-realization*. London, UK: Routledge; 2013. <https://doi.org/10.4324/9781315010526>.
41. Smith MM, Hewitt PL, Sherry SB, Flett GL, Ray C. Parenting behaviors and trait perfectionism: A meta-analytic test of the social expectations and social learning models. *J Res Pers*. 2022;**96**. <https://doi.org/10.1016/j.jrp.2021.104180>.
42. Catama B, Del Castillo A, Espino A, Beleo MK, Blanca L, Bunagan MA, et al. Adventitious blindness: The road to self-acceptance. *Int J of Res Stud in Psychol*. 2017;**6**(2). <https://doi.org/10.5861/ijrsp.2017.1844>.
43. Hasberry A. Self-Acceptance in Black and White. *Educ Sci*. 2019;**9**(2). <https://doi.org/10.3390/educsci9020143>.
44. Crocker J, Major B. Social stigma and self-esteem: The self-protective properties of stigma. *Psychol Rev*. 1989;**96**(4):608-30. <https://doi.org/10.1037/0033-295x.96.4.608>.