



A Conceptual Model for the Development of Mindfulness-based Cognitive Therapy for Improving Self-confidence

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Abstract

Over the last forty years, health professionals have used Buddhist Mindfulness-based meditation practices together with Cognitive Therapeutic counseling in order to treat a range of human psycho-physical and social problems. Two examples of these endeavors are Mindfulness-based Stress Reduction (MBSR), developed in the 1970s by Jon Kabat-Zinn at the University of Massachusetts Medical Center, and Mindfulness-based Cognitive Therapy (MBCT), developed by John Teasdale, Mark Williams and Zindel Segal at Cambridge, England, in 1991. Mindfulness-based psychotherapeutic techniques are now studied and used in universities, hospitals, clinics, businesses and households all over the world, and the real effectiveness and conceptual basis of such practices has come under increasingly rigorous scrutiny.

Some researchers have observed that some studies of mindfulness-based therapeutic tools were done following unsound methodologies and that the negative effects of mindfulness-based therapies on some individuals have been poorly researched or ignored.¹ Others discuss the difficulties in understanding what is really going on when mindfulness and cognitive therapy are used together in the laboratory and are used to alleviate human

¹Miguel Farias and Catherine Wikholm, 'Has the science of mindfulness lost its mind?', BJ Psych Bull. 2016 Dec; 40(6): 329–332.

mental, physical and social maladies.² However, there is plenty of evidence to show that MBSR and MBCT do provide proven (and often life changing) assistance to people with certain types of problems. For example, MBCT was found to be effective for preventing relapses of depressive episodes among those who had experienced three or more major depressive disorder episodes, according to a 2016 meta-analysis.³

The author of this paper is particularly interested in applying mindfulness-based psychotherapeutic tools to the challenge of helping people to significantly improve their **self-confidence**, a challenge that he believes is worthwhile and on the basis of evidence, a promising one. The thesis of this paper is to provide a conceptual analysis of the research path. More specifically, the thesis of the paper is to show that the concept of MBCT (which consists in the combination of the concept of mindfulness-based meditation and the concept of cognitive therapy) can be used to improve our conceptualization of the mental health problem of low self-confidence and its improvement. In this paper, low self-confidence is considered to be a mental disorder.⁴

Keywords: mindfulness, depression, self-confidence, cognitive therapy, decentering, mental disorder, MBCT, MBSR

²David L. McMahan, “**How Meditation Works**”, in ‘**Meditation, Buddhism and Science**’ (Oxford: Oxford University Press, 2017), pp.42-44.

³Willem Kuyken et al., (27 April 2016). “Efficacy of Mindfulness-Based Cognitive Therapy in Prevention of Depressive Relapse”. *JAMA Psychiatry*. **73**: 565.

⁴See Appendix A for the DSM-V definition of mental disorder

Mindfulness-based Cognitive Therapy

The concept of Mindfulness-based Cognitive Therapy (MBCT) is a concept of psychotherapy. MBCT was developed by John Teasdale, Mark Williams and Zindel Segal at Cambridge, England, in 1991. MBCT was based on based on the pioneering work of Jon Kabat-Zinn and his Mindfulness-Based Stress Reduction program (MBSR).

Crane refers to MBCT as a program and notes that the program has the practice of mindfulness meditation at its core. She goes on to say that MBCT draws on the structure and process of the Mindfulness-Based Stress Reduction (MBSR) program and integrates within it some aspects of Cognitive Behavioural Therapy (CBT) for depression.⁵ MBCT was designed to help people with a history of depression the skills necessary to prevent depression and stay well. At its base lies the idea that for people at risk for depression, negative and automatic patterns of thinking and behaving can easily occur and escalate into depressive episodes. MBCT is typically an 8-week, group-based course that uses mindfulness training and cognitive-behavioral exercises that teach people to recognize the early warning signs of depression, relate to them in a decentered and embodied way, and disengage from old and destructive modes of reactivity. These skills enable participants to cut episodes short as they learn resilient ways of managing their thoughts, feelings, and life challenges. MBCT offers depressed people a way to become well acquainted with the modes of mind that may characterize their mood disorder and at the same time allows them to develop a new relationship with those mental modes.⁶

Mindfulness-based meditation and its application into religious, scientific and secular life have become increasingly popular globally, and research concerned with the value of mindfulness meditation and its scientific application has boomed. As McMahan and Baun note, there were 674 publications on the theme of mindfulness in 2015 alone and such research suggests that meditation can reduce stress, increase perceptual sensitivity, improve attentional stability, facilitate better control of emotions and anxiety and help physically ill people to deal with their symptoms.⁷ Interest in meditation and its applications has not

⁵Rebecca Crane, **“Mindfulness-based Cognitive Therapy – Distinctive Features,”** (New York, Routledge, 2009,) p.3.

⁶MBCT Official Website, **“Your Guide to Mindfulness-Based Cognitive Therapy,”** Retrieved on 28 Feb 2018, <http://mbct.com/>

⁷David L McMahan and Erik Baun, ed, **Meditation, Buddhism and Science** (Oxford: Oxford University Press, 2017), p. 2.

been restricted to the academic world. The popular media have reported extensively on the scientific research, and it appears that media reports have in turn stimulated the growth of a new meditation and mindfulness industry.⁸

The Two Components of MBCT

Viewed at the conceptual level, MBCT can be divided into two main components, the concept of mindfulness-based meditation and the concept of cognitive therapy.

We first examine the conceptual basis of mindfulness and mindfulness-based meditation as they are used as part of MBCT. However, a brief consideration of the concept of mindfulness in its original Buddhist context also seems appropriate.

Mindfulness in early Buddhism was a very important factor in the path to *nibbāna* described by Gotama Buddha. The Buddhist Dictionary informs us that mindfulness is one of the 5 spiritual faculties and powers (*bala*), one of the 7 factors of enlightenment (*bojjhanga*), and the 7th link of the 8-fold Path (*magga*). Furthermore, *sati* is one of the mental factors (*cetasika*) inseparably associated with all karmically wholesome (*kusala*) and karma-produced lofty (*sobhana*) consciousness.⁹

According to Edelglass, the term mindfulness can be taken to be a translation of the Pāli term *sati* and the Sanskrit *smṛti*. *Sati* and *smṛti* in general terms refer to memory and recollection.¹⁰ Mindfulness points to the mind attending to and thus retaining its object.

It seems that *sati* in the Pāli Buddhist texts describes a field of connected concepts that are related to bringing to mind and being aware of body phenomena, feelings, states of consciousness and finally elements of the teachings. It seems to be a natural and essential part of the way that beings like humans function, and it can be developed in meditation practice. *Sati* may be understood to be a faculty or power that allows awareness of ‘the full range and extent of dhammas’¹¹ Furthermore, *sati* facilitates awareness of change, things

⁸Ibid.

⁹Nyanatiloka Ven., “**Buddhist Dictionary: A Manual of Buddhist Terms and Doctrines**”, (Chiang Mai: Silkworm Books, 2015), p. 194.

¹⁰William Edelglass, “**Buddhism, Happiness and the Science of Meditation**”, in ‘**Meditation, Buddhism, and Science**’, McMahan and Braun eds. (Oxford: Oxford University Press, 2017), p. 69.

¹¹Rupert Gethin, (1992), **The Buddhist Path to Awakening: A Study of the Bodhi-Pakkhiya Dhammā**. (Leiden and New York: BRILL’s Indological Library, 7.: BRILL,1992.

in relation to things, and hence as Gethin goes on to note, an awareness of the relative value of things.¹²

This awareness of the relative value of things seems similar to the evaluative function of mindfulness referred to by Dreyfus. *Sati* has an associated sense of clear comprehension or awareness (*sampajañña*) of what is being attended to; and this evaluative function allows the mind to discriminate wholesome and unwholesome mental factors.¹³

Summing up, mindfulness in its early Buddhist context as *sati* refers to a field of related concepts that are to do with keeping the mind on its object and judging the value of the object. This valuation reflects the prime role of mindfulness in the Buddhist path to enlightenment.

In contemporary usage, mindfulness refers to several distinctly different things. It can refer to a cognitive characteristic or trait, a state of mind, a type of meditation, and a medical intervention. There seems to be a broad understanding amongst workers in the field that mindfulness refers to **an awareness of present experience**. Bishop, in his paper on mindfulness and psychology defines mindfulness as kind of nonelaborative, nonjudgemental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is.¹⁴ Furthermore, Wallace in reference to Bishop et al, comments that mindfulness consists of two elements, the first being self-control of attention and the second being gentle and open acceptance of experience.¹⁵ Then, if mindfulness refers to the controlled but open accepting awareness of events as they unfold in the mind, the term mindfulness-based meditation points to the deliberate action or practice of extending that awareness over some optimal length of time.

The concept of Cognitive Therapy is the second element forming the concept of MBCT. Cognitive Therapy is a type of Cognitive Behavioural Therapy (CBT). CBTs are interventions that attempt to modify dysfunctional thoughts in order to improve a patient's emotion control, goal setting, and ability to fit in socially. These aims are achieved by helping

¹² Ibid.

¹³ Georges Dreyfus. **'Is Mindfulness Present-Centered and Nonjudgmental? A Discussion of the Cognitive Dimensions of Mindfulness'** (2010)

¹⁴ Scott R. Bishop et al., **"Mindfulness: A Proposed Operational Definition,"** *Clinical Psychology: Science and Practice*, 11:3, Fall 2004, p.232

¹⁵ B. Alan Wallace, **"The Attention Revolution: Unlocking the Power of the Focussed Mind,"** (Somerville: Wisdom Publication, 2006), p.60

the patient foster behavioral, experiential, and cognitive skills. According to Beck,¹⁶ CT is a psychotherapy based on the idea that thoughts, feelings and behavior are all connected, and that individuals can move toward overcoming difficulties and meeting their goals by identifying and changing unhelpful or inaccurate thinking, problematic behavior, and distressing emotional responses.

The basic premise of CBT is that thoughts play an important role in the maintenance of emotional disorders. They do so primarily through their causal influence on people's emotions and behaviors. The target of change in CBT is often (but not always) the content of such thoughts, and interestingly mindfulness-based treatments are the exception here as they are not aimed at changing the content of thoughts or promoting thought avoidance; the objective of mindfulness-based therapies is to change the way people deal with their cognitions.¹⁷

The Complementarity of Mindfulness-based Meditation and Cognitive Therapy

The concept of mindfulness-based meditation and the concept of Cognitive therapy when taken together can help us to better conceptualize mental disorders. In order to understand just how these conceptual parts of the therapy do so, an examination of their complementarity is needed, and this can be done by analyzing the way that the conceptual practices came to be combined.

As noted earlier, MBCT was based on Jon Kabat-Zinn's Mindfulness-based Stress Reduction (MBSR). MBSR is a program that uses mindfulness to assist people with pain and various conditions and life problems that can be hard to treat in a hospital setting. MBSR involves a combination of mindfulness meditation, body scanning, and simple yoga to help people progressively develop more mindfulness. Cook informs us that Kabat-Zinn saw MBSR as a recontextualization of the 'dharma' into a framework of science, medicine, and healthcare, and that furthermore Kabat-Zinn understood 'dharma' as signifying the Buddha's teachings

¹⁶ Judith S. Beck, "Questions and Answers about Cognitive Therapy". Beck Institute for Cognitive Therapy and Research. Retrieved April 15th 2018, <http://www.chestercountypsychology.com/pdf/>

¹⁷ Stefan G Hofmann et al., "The Empirical Status of the "New Wave" of Cognitive Behavioral Therapy". *Psychiatric Clinics of North America*. 33 (3): 701– 10

and the ‘lawfulness of things in relationship to suffering and the nature of the mind.’¹⁸ One aspect of this recontextualization was to create a new description of mindfulness that saw it as a universal rather than religious practice. To Kabat-Zinn, Buddhist ‘states’ such as mindfulness (awareness), clarity, emotional balance and compassion could be practiced and developed via ‘intentional deployment of attention’ and were thus universal states.¹⁹

As its name suggests, MBSR is about using mindfulness meditation to reduce stress, which can be defined for present purposes as a state of mental or emotional strain or tension resulting from adverse or demanding circumstances.²⁰ The question is just how MBSR does so.

According to Hayes et al, mindfulness meditation’s focus on the present is thought to heighten sensitivity to the environment and one’s own reaction to it. Furthermore, it gives an outlet from ruminating on the past or worrying about the future, and helps to break the cycle of such maladaptive cognitive processes.²¹ Gilpin states that MBSR works because it helps patients to reduce their pre-reflective reactions to stimuli.²² Mindfulness and mindfulness meditation enable people to focus on and become aware of all incoming thoughts and feelings and accept them, rather than attach or react to them. This process is often referred to as decentering and can help people to not get caught up in damaging self-criticism, rumination, and dysphoria when they face physical and mental challenges.²³

As we said earlier, MBCT can be seen as development based on MBSR, which is essentially a therapy built around mindfulness and its practice. Cook observes that John Teasdale’s inspiration for combining CBT with mindfulness meditation was partly influenced by a dharma talk that Teasdale attended at Oxford Buddhist Society. The talk given by Phra Ajarn Sumedho was on the theme of the Four Noble Truths, and as Teasdale listened he concluded that the real causes of suffering lay not in the events and experiences of people’s

¹⁸ Joanna Cook, “**Mind the Gap**”, in ‘**Meditation, Buddhism and Science**’ (Oxford: Oxford University Press, 2017), p. 120.

¹⁹ Ibid.

²⁰ <https://en.oxforddictionaries.com/definition/stress>, Retrieved on 7 March, 2018.

²¹ Hayes, Steven C et al (2011-01-01). “**Open, Aware, and Active: Contextual Approaches as an Emerging Trend in the Behavioral and Cognitive Therapies**”. *Annual Review of Clinical Psychology*. 7 (1): 141–168.

²² Richard Gilpin, ‘The use of Theravāda Buddhist practices and perspectives in mindfulness-based cognitive therapy’, *Contemporary Buddhism*, Vol. 9 No.2, 2008, p.238

²³ Hayes, Steven C et al, Ibid.

lives, but rather in the way people related to those events and experiences. Furthermore, and importantly, he realized that this conclusion paralleled the basic assumption of the cognitive model that emotional disorders arose not so much from experience, but more from the way people attribute and interpret their experience.²⁴ It was partly this realization of an underlying and intrinsic parallel between Buddhism and cognitive therapy that led him and others to develop the MBCT model.

There does indeed seem to be a strong conceptual parallel between MBCT mindfulness meditation practice and CT. The core of that overlap lies in that both practices encourage the practitioner to see thoughts as thoughts. In my view, both techniques may enable the person to gain a new sense of mental freedom, which comes with practice. As they learn to decenter or step back from the thought trains, they are better able to control their thoughts, feelings and behavior, and their chances of experiencing severe new episodes of depression decreases. In conclusion, the examination of the concepts of MBSR (used to reduce stress) and MBCT (used to treat depression) has offered us insight into the way these therapies have been developed from the combination of meditative and cognitive strategies, and furthermore the examination provides a way of conceptualize certain mental disorders and their possible treatment. At this stage, we need to consider more about the nature of mental disorders.

Mental Disorders

According to Bolton, mental disorders are behavioral or mental patterns that cause distress or impairment of personal functioning.²⁵ Mental disorders can be chronic, relapsing and remitting, or may even be confined to a single episode. There are many kinds of mental disorders, with features and symptoms that vary widely between the disorders. The disorder itself is just one aspect of mental wellbeing. All disorders must be examined in terms of cultural and religious beliefs and social norms. What is considered a mental disorder in one culture may be regarded as normal in another culture. There are a number of schemes for classifying mental disorders including the ICD-10 Chapter V: Mental and behavioral

²⁴ Joanna Cook, “**Mind the Gap**”, in ‘**Meditation, Buddhism and Science**’ (Oxford: Oxford University Press, 2017), pp. 116-117.

²⁵ Derek Bolton, **What is Mental Disorder? An Essay in Philosophy, Science, and Values**, (Oxford: OUP, 2008), p 6.

disorders, which has been used since 1949 and is part of the International Classification of Diseases produced by the WHO, and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) produced by the American Psychiatric Association (APA) and used since 1952. Another classification is the Chinese Classification of Mental Disorders. According to the DSM-5, a mental disorder is a psychological syndrome or pattern that is linked with distress, disability, increased risk of death, or significant loss of autonomy. The DSM-V classification precludes normal responses such as grief from loss of a loved one, and it also does not include deviant behavior for political, religious, or societal reasons that do not present from a dysfunction in the individual.²⁶

Self-confidence: and Low Self-confidence as a Mental Disorder

As we have seen, MBCT is a tool of psychotherapy that is conceptually a combination of Buddhist mindfulness-based meditation and CT. MBCT can successfully help people who have had a number of depressive episodes to nip further episodes in the bud. They are able to do so because they have acquired the skill to see their thoughts that might lead to depression as just thoughts. This then raises the question of what other mental disorders might be treatable by MBCT.

After some thought, the researcher concluded that the psychotherapeutic tool of MBCT might well be a positive and powerful way to help people develop self-confidence. This belief is based on personal experience, on experiences of companions who are involved in sports psychology and on the researcher's current understanding of self-confidence, MBCT and MBSR.

The concept of low self-confidence is a behavioral or mental pattern that causes distress and impairment of personal functioning. The term 'self-confidence' refers to a range of concepts. According to the OED, self-confidence is a feeling of trust in one's abilities, qualities, and judgment.²⁷ Zelner describes it as a positive belief that in the future one can generally accomplish what one wishes to do.²⁸ Joseph says that self-confidence is a skill

²⁶ Dan Stein et al., "What is a Mental/Psychiatric Disorder? From DSM-IV to DSM-V." **Psychological Medicine**, November 2010, Volume 40, No.1: 1759–1765.

²⁷ OED, Retrieved on April 12th, 2018, <https://en.oxforddictionaries.com/definition/self-confidence>

²⁸ Miriam Zellner, "Journal of Personality and Social Psychology". Vol 15 No.1 (1970): 87–93.

that can be developed, and he defines it colorfully as ‘the ability or the belief to believe in yourself, to accomplish any task, no matter the odds, no matter the difficulty, no matter the adversity. The belief that you can accomplish it - self-confidence.’²⁹ Having then defined self-confidence, low self-confidence is then the condition or mental state of **persistently not believing that one can generally accomplish what one wishes to do in the future.**

Self-confidence is not the same as self-esteem, although some researchers considerate it to be an important part of self-esteem.³⁰ Whereas self-esteem is often considered to be an evaluation of one’s own worth, or how one feels about oneself, self-confidence is better described as a trust or belief in one’s ability to succeed and achieve goals. Researchers including Maslow have tried to make a clear distinction between self-confidence in its broad sense as a personality trait, and self-confidence in its narrower sense as the belief that an individual can succeed in a particular task or challenge. The term self-confidence is usually used to point to self-confidence in its broader sense. Albert Bandura described another concept, ‘self-efficacy,’ which he defined as “belief in one’s ability to succeed in specific situations or accomplish a task.” Self-efficacy then seems to be a concept more akin to self-confidence in its narrower more specific- task oriented sense.³¹ For purposes of this paper, self-confidence is taken to refer to the general or broader belief that one can accomplish the tasks and meet the challenges ahead.

Scientific interest in the concept of self-confidence can be traced back to William James, who regarded it as a virtue. He expresses this in his *Principles of Psychology* as follows:

Suppose, for instance, that you are climbing a mountain, and have worked yourself into a position from which the only escape is by a terrible leap. Have faith that you can successfully make it, and your feet are nerved to its accomplishment. But mistrust yourself ... you roll in the abyss. In such a case (and it belongs to an

²⁹ Ivan Joseph, “**The Skill of Self Confidence by Dr. Ivan Joseph**”, Retrieved on April 12th, 2018, <https://www.youtube.com/watch?v=w-HYZv6HzAs>

³⁰ Timothy Judge, Amir Erez, Joyce Bono, and Carl Thoresen, “Are measures of self-esteem, neuroticism, locus of control, and generalized self-efficacy indicators of a common core construct?” **Journal of Personality and Social Psychology**. Volume 83 No. 3. (January 2002): 693–710

³¹ Aleksandra Luszczynska and Ralf Schwarzerin, “**Social Cognitive Theory**”, in M. Conner & P. Norman (Eds.), **Predicting Health Behaviour**, (Buckingham, England: Open University Press, 2005), 2nd ed. rev., pp. 127-169).

enormous class), the part of wisdom as well as of courage is to believe what is in the line of your needs, for only by such belief is the need fulfilled.³²

Self-confidence is an important mental state that has been found associated with a range of other psychological parameters. For example, researchers found that the more self-confident a person was, the less likely they were to suffer from anxiety.³³ Other researchers have found that levels of self-confidence positively correlated with well-being, motivation, ability to handle stress and general mental health.

As we have seen, low self-confidence is a lack of belief that one can accomplish the tasks ahead. Furthermore, psychologist Michael Gervais observes that this lack of belief that people may have in their ability to succeed is strongly connected with their self-talk, or internal dialogue. He suggests that the conversations people have with themselves either build or destroy their self-confidence. He goes on to suggest that if people become aware and mindful of their inner dialogue, they are better able to grow, develop, and pursue their potential.³⁴

The concept of low self-confidence is then a mental disorder. It is seems clear from the above discussion that self-confidence (and the related concepts of self-esteem and self-efficacy) play an important role in human mental health, and it is reasonable to assume that a low level of self-confidence can be considered to be a mental disorder. A lack of self-confidence causes distress and impairment of personal functioning. Mental health experts say that although low self-confidence (or more specifically low self-esteem) is not strictly classified as a mental disorder, it may cause or be associated with disorders such as depression and anxiety, and thus for purposes of this paper, low-self-confidence is considered to be a mental disorder.³⁵

³²Gerald Myers (ed), **William James Writings: 1878–1899**, The Library of America Edition, pp. 500-501

³³William Locander, Peter Hermann., “The Effect of Self-Confidence and Anxiety on Information Seeking in Consumer Risk Reduction”, **Journal of Marketing Research**, Vol. 16, No.2 (1979): 268–274.

³⁴Michael Gervais, ‘**How to Build Self-Confidence**’ Retrieved April 9th, 2018, <https://www.kidsinthehouse.com/all-parents/parenting/building-self-esteem/how-build-self-confidence>

³⁵Mind for Better Health, “**How to improve your Self-esteem**”: Retrieved 16th April 2018, <https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-esteem/#.WtR3lC5uIV>

Conclusions and Suggestions for Further Research

Therefore, the concept of MBCT (which consists in the combination of the concept of mindfulness-based meditation and the concept of cognitive therapy) can be used to improve our conceptualization of the mental health problem of low self-confidence and its improvement. This paper is concerned with a conceptual analysis of the application Buddhist mindfulness-based psychotherapeutic tools to the challenge of helping people to significantly improve their self-confidence.

The results show that there seems to a strong conceptual parallel between the components of MBCT, which are mindfulness-based meditation and cognitive therapy. The creators of MBCT drew heavily upon the Kabat-Zinn's MBSR, which is an approach that uses a recontextualized Buddhist approach to meditation and combined it with a cognitive therapeutical approach. The two streams conceptually seem to flow together easily. Their combination enables people who have had a number of depressed episodes to see their thoughts as thoughts, and to realize, 'live and in – the – moment,' that these thoughts need not take them again into a full-blown attack of depression. MBCT offers people the chance to take back control of their lives because they can now better control the way that their thought patterns proceed because they have changed their relationship to their thoughts.

The results suggest that a modified version of MBCT could well be an effective way of improving self-confidence, which is a mental state in which people trust in their abilities, qualities, and judgment and positively believe that they can in the future generally accomplish what they wish to do. People who suffer from low self-confidence lack such trust and faith in their own ability to move ahead and meet their goals. They are stuck in negative mental states and habits of action that prevent them from doing so, and they often lack strategies that might help liberate themselves. They suffer from persistent and destructive negative internal dialogue. Based on the acknowledged success of MBCT, it seems likely that the combination of mindfulness-based meditation and cognitive behavioral therapy can help people whose lack of self-confidence causes them distress and impairment. In conclusion, the research suggests that there is a clear conceptual basis for using a modified version of MBCT to help with increasing self-confidence.

A conceptual framework showing possible relationships between some of the key factors in the use of MBCT to help improve self-confidence is shown below. This is intended as a guide for further conceptualization and research.

The point must be made that the meditational aspect and CT aspect of MBCT are mutually supporting. There is a dynamic interaction of the two strands that takes place as people actively apply them.

Low self-confidence can be marked by a range of mental states that include the following:

general fear, stress, low optimism, low happiness, persistent and negative self-talk, poor attributions

The contributions that the mindfulness-based meditational aspect of MBCT can make to alleviate the negative mental states associated with low self-confidence can be described as follows. Meditation can help people:

- see persistent thoughts as just thoughts
- see things as they really are
- relax
- get positive new ideas flowing

The contributions that CBT can make are as follows. CBT, via trained mental health expert and group therapy can help people to:

- formulate and develop themselves in a line with a realistic plan
- get self-talk into positive mode
- improve their explanatory style
- visualize themselves succeeding
- create and use confidence-building self-affirmations
- develop confidence through positive social interaction

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