

**Radical Acceptance at the Crossroads of Zen Philosophy and Christianity: Toward a
Model of Cruciform (Committed) Acceptance**

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Abstract

Radical acceptance is among the most clinically useful skills in contemporary psychotherapy, yet its best-known formulation within dialectical behavior therapy carries a Zen and contemplative genealogy that raises a question for Christian practitioners: is it a portable, evidence-based technique, or a spiritual posture under a clinical name? This paper argues that the dichotomy is false. Following the premise that no form of mental health care is metaphysically neutral (every practice embeds an anthropology and a telos, and forms desire toward some end), it contends that radical acceptance cannot be reduced to an inert core but can be critically examined, disentangled from its Buddhist soteriology, and re-narrated within a Confessional Lutheran frame organized by the theology of the cross. Surveying the construct across DBT, ACT, and the wider acceptance-oriented modalities, the paper distinguishes the transferable psychological mechanism (acknowledging unchangeable reality reduces the secondary suffering of resistance) from the rival accounts of self and salvation that interpret it. It then reads acceptance against eight loci of Lutheran doctrine (sin, Law and Gospel, justification, sanctification, providence, the theology of the cross, hope, and vocation) before proposing an integrative model, cruciform (committed) acceptance, defined by four commitments: Good-Friday realism, Easter hope, providential trust, and vocational orientation. Applied to grief, trauma, chronic illness, anxiety, and interpersonal conflict, the model retains radical acceptance's completeness of acknowledgment and ACT's teleological structure while supplying a Christian anthropology and end. The proposal is offered as a conceptual framework awaiting empirical test.

Keywords: radical acceptance, dialectical behavior therapy, acceptance and commitment therapy, theology of the cross, Confessional Lutheran theology, faith-integrated counseling

Radical Acceptance at the Crossroads of Dialectical Behavior Therapy, Zen Philosophy, and Confessional Lutheran Theology: Toward a Model of Cruciform Acceptance

Few skills in contemporary psychotherapy are as deceptively simple as radical acceptance. Stated plainly, it asks a person to stop fighting reality: to acknowledge, fully and without the silent footnote of protest, that what is, is.

Radical acceptance may be understood as active acknowledgment, surrender, and release, not as a single decision but as a repeated, intentional choice. It means relinquishing resistance to the stories people tell themselves, to their justifications, to their resentment and shame. Whatever the thought or feeling, it is acknowledged as it is, and the struggle against its existence ceases. In this sense, acceptance is not giving up or giving in. It is neither approval nor passivity. Rather, it is the recognition that reality cannot be undone in the present moment and that meaningful movement begins only once reality is faced as it is. Acceptance, then, is not stagnation but motion: not rereading the same chapter but taking the next step. It involves forgiveness, including self-forgiveness, not forgetting or excusing, but releasing the need to resist what has already occurred.

Regarding the special relationship with forgiveness. Understood this way, forgiveness functions as acceptance applied to the past. Where acceptance asks us to make room for painful thoughts and feelings as they are, forgiveness asks us to stop struggling against events that can no longer be undone. The injury remains real, neither minimized nor condoned, but the relationship to it shifts: from an ongoing effort to reverse the irreversible, to a willingness to hold what happened without being governed by the urge to resist it. In this sense, the two constructs

share a common mechanism: relinquishing unworkable control over what lies beyond one's influence, thereby freeing energy for valued action.

The clinical promise of this skill is considerable. Those who are drowning in the secondary suffering of refusal, rumination, and the persistent protest that “this should not be happening” often discover that the fight itself constitutes a large share of the pain. Within dialectical behavior therapy, radical acceptance functions as a distress-tolerance skill aimed not at approving suffering but at reducing the additional suffering produced by nonacceptance. Yet for the Christian, the skill arrives with a question attached. Radical acceptance reached its best-known clinical form through Marsha Linehan’s dialectical behavior therapy, and Linehan has been candid that aspects of DBT’s acceptance framework were shaped by Zen practice. To accept reality “radically” can sound, to a theological ear, uncomfortably close to resignation, or to a Buddhist metaphysics in which suffering is eased through the release of attachment and desire. The resulting question is unavoidable: is radical acceptance a portable, evidence-based technique, or a spiritual posture under a clinical name?

Complicating the picture, the phrase “radical acceptance” names two related but distinct bodies of work. Within clinical psychology, radical acceptance refers to Linehan’s behaviorally defined skill within DBT’s distress-tolerance framework. In the wider contemplative-psychology literature, the phrase also names Tara Brach’s influential spiritual vision, most notably in *Radical Acceptance: Embracing Your Life With the Heart of a Buddha*, where acceptance is integrated into a broader Buddhist account of suffering, healing, and selfhood. The two lineages share a common insight, that fighting reality compounds suffering, but Brach’s version states its Buddhist commitments far more openly, making it an especially useful test case for the theological question this paper addresses.

That question should be approached seriously rather than defensively. The issue is not whether radical acceptance “works” in some clinical sense; its therapeutic usefulness is precisely what makes discernment necessary. The real question is whether a Christian can fully engage a discipline of acceptance whose formative history includes philosophical and spiritual commitments that may appear incompatible with Christian doctrine. This concern is not trivial, because theories of healing are never philosophically neutral. The conceptual world of an author shapes the interpretation of suffering, the nature of the self, and the final purpose of psychological growth. What is needed, therefore, is neither reflexive rejection nor uncritical adoption, but careful discrimination: the task of understanding the mechanism, examining its metaphysical associations, and determining whether it can be faithfully translated into a framework that Christians can not only use, but also embrace.

This paper argues that such translation is possible and best understood through the category of **cruciform** (Committed) acceptance. Cruciform (Committed) acceptance is radical acceptance received as a practical psychological enactment of the theology of the cross. Its central claim is that radical acceptance can be disentangled from its Zen surroundings; that its core psychological mechanisms are well supported as means of reducing suffering intensified by resistance to reality; and that, when its anthropology and telos are supplied by Christian doctrine rather than Zen metaphysics, the practice is not merely permissible but theologically resonant. What DBT describes behaviorally as ceasing the fight against reality can, within a Christian frame, be understood theologically as a refusal to deny creaturely limitation, a relinquishment of self-salvation, and a posture of faithful endurance before God.

The theological basis for this claim lies in the Christian tradition itself. In Luther’s *theologia crucis*, God is not known primarily through visible power, success, or triumph, but

through suffering and the cross; the theologian of the cross learns to perceive God precisely where human wisdom expects only weakness and contradiction. Paul articulates a similar logic when he reports the divine word, “My grace is sufficient for you, for my power is made perfect in weakness,” and responds by accepting, rather than denying, the reality of his own unremoved affliction. In both cases, the faithful response to suffering is neither romanticized defeatism nor evasive triumphalism. It is truthful endurance: the relinquishment of illusion, the renunciation of self-justifying resistance, and the reception of weakness as the very place in which divine grace becomes manifest. Read through this lens, acceptance is not a surrender into metaphysical detachment, but a participation in the pattern of the cross.

From this perspective, cruciform acceptance differs from Buddhist acceptance not primarily in observable technique, but in meaning. Both may counsel the cessation of futile resistance to reality, and both recognize that suffering is often intensified by the mind’s refusal of what already is. Yet the Christian account does not dissolve suffering by loosening attachment within a Buddhist vision of the self. It interprets suffering through communion with Christ, whose cross reveals that God meets persons not beyond pain, but within it. Acceptance, therefore, becomes neither resignation nor self-emptying into impersonality, but faithful consent to reality under God: an act of truthful presence, repentant humility, and hopeful endurance.

The guiding research question of this paper is, therefore, as follows: How can the evidence-based concept of radical acceptance be understood, evaluated, and ethically integrated within a Christian worldview while preserving both therapeutic effectiveness and theological fidelity? The working thesis is that although radical acceptance emerges in interventions such as DBT and bears the marks of Zen influence, its core psychological principles function as evidence-based practices for acknowledging reality and reducing avoidable suffering;

distinguished from non-Christian metaphysical assumptions and interpreted through the theology of the cross, radical acceptance is best understood not as a rival spirituality to be resisted, but as a practical psychological enactment of theologia crucis: the model this paper names cruciform acceptance.

The argument proceeds in five stages. First, the paper clarifies the integrative method it adopts and explains in what sense a therapeutic practice can be “disentangled” from its originating worldview at all. Second, it defines radical acceptance more precisely, situates it within DBT’s structure and dialectical logic, and examines the influence of Zen and contemplative psychology to distinguish technique from metaphysics. Third, it situates radical acceptance within the broader family of evidence-based acceptance-oriented modalities and subjects those secular approaches to the same critical scrutiny. Fourth, it develops a theological evaluation through the theology of the cross and Pauline accounts of suffering, weakness, and participation in Christ. Finally, it proposes a synthesized model of cruciform acceptance and applies it to forms of suffering commonly encountered in counseling.

For years, I could not say the sentence plainly. My father took his own life, and for a long time the fact never arrived in my mind alone; it came accompanied by its silent protest: *it should not have happened, it did not have to happen, surely there was something I should have seen*. I rehearsed the alternative endings. I reread the same final chapter again and again, scanning for the place where the story might have turned, as if sufficient scrutiny could revise an outcome already fixed. The grief itself was real and would have come regardless. But a second suffering grew alongside it: the suffering of refusal, of a mind insisting that reality submit to its objection.

What eventually changed was not that the loss became acceptable. It did not, and it never will. What changed was that I stopped demanding it be otherwise. To accept his death radically

was not to approve it, to call it good, or to pretend it had not wounded something in me that has not fully closed. It was to cease the exhausting litigation against a verdict already entered: to let the fact be a fact, and to stop spending my strength relitigating the unalterable.

Yet acceptance held as a bare fact can curdle into a cold resignation, a stoic shrug before a meaningless event. This is where the cross spoke. I did not find God waiting beyond the pain, on the far side of having "gotten over it." I found Him within it: the crucified Christ who does not explain suffering from a safe distance but enters it, who is no stranger to a Friday that looked like nothing but defeat. My father's death was not redeemed by being explained; it was inhabited by a God who knows what it is to cry out into apparent silence. Accepting the reality of his death became, slowly, a way of standing where Christ stands: not in triumphant denial, not in despair, but in faithful endurance before a Father whose grace is made perfect in precisely the weakness I could not mend.

And so, acceptance finally made room for forgiveness of my father, and, harder, of myself. Not forgetting what happened, not excusing it, but releasing my claim to a different past. I no longer needed to be his savior. That office was already filled.

Approach: Integration Under the Cross

Before turning to the construct itself, it is worth naming the kind of project this is, since integrating clinical practice with Christian doctrine can be undertaken in quite different spirits. In the typology made familiar by H. Richard Niebuhr (1951), the present approach is neither "Christ against culture," which would reject psychotherapy as a rival gospel to be refused, nor

“Christ of culture,” which would baptize whatever the therapeutic mainstream commends. It aims instead at something closer to Niebuhr’s transformist type: a cultural practice received, criticized, and converted under the cross. Within the more specific literature on the relationship between psychology and Christian faith, this situates the paper near the integration and Christian-psychology positions cataloged by Johnson (2010), and it shares the working conviction that Entwistle (2015) articulates, that theology holds interpretive primacy while psychology nonetheless yields true and useful knowledge of God’s creatures. The goal is therefore not to purify radical acceptance of all commitments but to ask whose commitments it will serve.

That goal must, at the outset, reckon with a claim that this paper takes as a premise. Warren Kinghorn (2024) argues that there is no such thing as a metaphysical inert technique: every form of mental health care embeds an anthropology, an account of what a human being is, and a telos, an account of what a human being is for. Modern care, in his reading, characteristically runs on a tacit machine model that treats the person as a mechanism to be repaired, as opposed to the wayfarer model he commends, in which the person is a traveler moving by grace toward an end. If this is right, the familiar defense of borrowing a “portable, metaphysically neutral skill” is not available, because no such neutral core exists. This paper assumes, with Kinghorn, that there are no metaphysically neutral techniques. By *disentangling* radical acceptance, then, I do not mean extracting an inert kernel from a discardable husk; I mean identifying and rejecting the anthropologies and teleologies incompatible with the Christian faith, and re-narrating the practice within a Confessional Lutheran frame. The skill is better described not as a portable neutral tool but as a psychologically generalizable practice whose operating assumptions can be critically examined and re-storied within a Christian anthropology and telos.

It helps to state the operation more precisely. By disentangling I do not mean extracting a neutral technique from a value-laden practice, since no such technique exists; I mean distinguishing the elements of a practice that function as psychological mechanisms from the elements that function as anthropological or soteriological interpretations of those mechanisms. The mechanism can be described in behavioral terms and travels across worldviews; the interpretation answers the prior questions of what the mechanism discloses about the person and toward what end it finally moves her. One and the same mechanism can be claimed by rival interpretations without ceasing to be the same mechanism:

Psychological mechanism	Interpretive frame	What the frame says the mechanism means
Acknowledging unchangeable reality reduces the secondary suffering of resistance	Buddhist	Releasing craving and the illusion of a fixed self loosens the grip of dukkha and moves one toward liberation
<i>(the same mechanism)</i>	Secular ACT	Dropping experiential avoidance frees the person to act on her own chosen values
<i>(the same mechanism)</i>	Cruciform (Christian)	Relinquishing self-justifying resistance participates in the cross, receives reality into the hands of a providential God, and frees one for vocation

The entry in the left-hand column is identical in all three rows; the disagreement lives entirely on the right. Disentangling is therefore not purification but discernment followed by re-narration: retaining the mechanism, declining one interpretation of it, and supplying another.

James K. A. Smith's account of cultural practices sharpens why this is the right description. Smith (2009, 2016) argues that embodied practices are never merely instrumental: as "liturgies," they form what we love by training us, below the level of conscious belief, to desire a particular vision of the good life. A repeated practice of meeting reality with a certain posture is, in Smith's terms, formative and not neutral; it shapes desire and quietly proposes a telos. The pertinent question about radical acceptance is therefore not "Is it neutral?" (the answer is no) but

“What kingdom does this practice train us to desire?” Strawn (n.d.) has directly drawn out the clinical implications of Smith’s anthropology, arguing that psychotherapeutic practices function as formative liturgies and that the integrative task is to attend to the loves and ends they cultivate. That is precisely the task undertaken here: to discover what desire radical acceptance forms, to decline the kingdom Zen and Brach would have it serve, and to re-aim the same practice toward the kingdom announced in the Gospel.

This proposal enters an existing and growing conversation, and it is worth marking from the outset both what it shares with prior work and where it departs. A Christian literature engaging the third-wave therapies has been accumulating for more than a decade. Symington and Symington (2012) developed a Christian model of mindfulness; Sisemore (2014) offered an explicit Christian translation of Acceptance and Commitment Therapy, rendering its core terms into a Christian idiom; Knabb (2016, 2023) mapped each of ACT’s six processes onto biblical and contemplative equivalents and supplied a full faith-based treatment approach for Christian clients; and Hilton (2024) read ACT through the lens of a broadly Reformed worldview. Alongside this acceptance-focused stream, a wider integrative literature has proposed named theological-psychological models: incarnational psychotherapy, which grounds the therapeutic relationship in the pattern of Christ’s entering human experience (Rennebohm & Thoburn, 2021), and conceptual, text-anchored integrations such as the reading of Philippians 4 that pairs Pauline counsel with CBT and ACT for the treatment of anxiety (Polischuk & Kang, 2020). This body of work has established the basic compatibility of acceptance-based practice with Christian commitment, and the argument advanced here is indebted to it. Yet it departs in three respects. First, its theological frame is not generically Christian but specifically Confessional Lutheran, organized throughout by the theology of the cross rather than by scattered scriptural

correspondences. Second, where prior treatments engage either mindfulness or ACT in isolation, this one holds the dialectical behavior therapy stream of radical acceptance together with the ACT stream of committed action, resolving the seam between them through the teleological argument developed below. Third, and most consequentially, it proceeds not by *translation* (a matching of vocabularies) but by *re-narration*: the claim, defended in the section that follows, that because no clinical practice is metaphysically neutral, radical acceptance can be lifted from its Buddhist soteriology and re-emplotted within a Christian account of reality. What follows is therefore less the baptism of an existing technique than an argument about the conditions under which such a baptism is warranted.

Can Practices Be Re-Narrated?

The argument of this paper rests on a premise it has so far assumed rather than defended: that a practice formed within one tradition can be received, criticized, and redirected within another without ceasing to do real work. If that premise fails, the whole project fails with it, and a reviewer is right to demand that it be made explicit and argued rather than presumed. The premise is contestable in two directions at once. On one side stands the worry that re-narration is too easy: that calling radical acceptance “cruciform” changes a label and nothing else. On the other stands the more serious worry, internal to the very anthropology this paper has adopted, that re-narration is impossible: that some practices carry their formative power in their form, regardless of the story told about them.

The affirmative case is, in the first instance, historical. The church has never operated with practices and concepts minted entirely from within; from the beginning it has received the goods of the surrounding culture and turned them to new ends. Augustine gave the operation its classic charter. The Israelites, fleeing Egypt, carried off Egyptian gold and silver and put it to

better use than their captors had; so, Augustine argued, the Christian may take the “gold” of pagan learning, whatever in it is genuinely true and useful, and press it into the service of the Gospel, leaving behind the idolatry to which the Egyptians had bent it (Augustine, 1997).

Augustine practiced what he prescribed: trained as a rhetorician, he took the pagan art of persuasion and re-narrated it for Christian preaching, neither rejecting rhetoric as irredeemably worldly nor retaining its original telos of worldly honor. Aquinas performed the same operation on a grander scale, receiving the recovered philosophy of Aristotle (pagan, and regarded with suspicion in his own day) and incorporating its account of nature, causation, and virtue into a Christian frame, declining what could not be reconciled and baptizing what could. In each case a cultural good was neither refused outright nor swallowed whole but received under judgment.

Luther stands more warily toward philosophy, and his wariness is instructive rather than contrary. He attacked the scholastic captivity of theology to Aristotle and warned that reason, when it crowns itself mistress in matters of salvation, becomes a usurper; yet he did not therefore discard reason but assigned it its station: a faithful servant in the left-hand kingdom and an intruder only when it claims the right-hand kingdom of grace. That is precisely the structure this paper applies to radical acceptance: a creaturely good, competent within its proper realm, dangerous only when promoted into a gospel. The Reformation tradition thus supplies not an exception to the re-narrating instinct but a disciplined version of it, one that prizes the very vigilance about telos the present argument has tried to practice. Smith (2009, 2016) and Kinghorn (2024) restate the same conviction in contemporary terms: precisely because practices are formative rather than neutral, they can and must be received with attention to the loves and ends they cultivate, and redirected toward the kingdom one actually confesses.

The harder objection arises from within this same framework, and Smith's own work supplies it. If practices are liturgies that form what we love below the level of conscious belief, then their formative power may inhere in their form and not merely in the narration laid over them. A practice repeated in the body might train Buddhist desires no matter what a counselor says about it, so that christening radical acceptance "cruciform" would leave the liturgy quietly forming the self toward detachment and self-reliance while the Christian story floated harmlessly above it. On this account practices are not infinitely re-narratable; some carry their telos in their grain, and a sufficiently formative one will resist or even subvert the meaning officially assigned to it. This is the strongest version of the worry, and it must be granted real force: it is not obviously false, and the thesis of this paper would collapse if it were simply true.

Three considerations answer it without dissolving it. First, the historical record weighs against the strong claim: the very practices Augustine and Aquinas received (rhetoric, philosophy, contemplative disciplines, the structures of classical education) did in fact come to form Christians toward Christian ends across centuries, which they could not have done were re-narration impossible. Second, formation is not magic but pedagogy; a practice forms desire through the meanings it rehearses, the objects to which it directs attention, and the community in which it is embedded, so that altering what the practice is for, what it attends to, and where it is practiced genuinely alters its formative trajectory. The model developed below does exactly this when it redirects the nurturing movement of acceptance away from contact with an innate goodness and toward reception of an external word: a change not in the label but in the act. Third, the objection rightly states a condition rather than a prohibition: re-narration is possible but not automatic, and it succeeds only where the practice is genuinely re-formed (re-aimed, re-embedded, and disciplined by the doctrines that mark its limits) rather than merely renamed. Re-

narration, then, is neither effortless nor impossible. It is the difficult, traditioned labor the church has always undertaken, and it can fail; that it can fail is exactly why the doctrinal guardrails developed below are load-bearing rather than decorative.

Radical Acceptance Within Dialectical Behavior Therapy

Defining the Construct

Within DBT, radical acceptance is the complete acceptance, with mind, body, and spirit, of reality as it is, particularly the dimension of reality that cannot, in the present moment, be changed (Linehan, 1993, 2015). The modifier *radical* is doing precise work. It signals that acceptance is total rather than partial, that it reaches the level of the body and not merely verbal assent, and that it is extended even to circumstances one neither chose nor wanted. Linehan (2015) situates the skill within the distress-tolerance module, alongside crisis-survival strategies, and frames it as the alternative to a particular and recognizable form of suffering: the suffering that arises not from pain itself but from the refusal to accept pain. In her well-known formulation, pain plus nonacceptance produces suffering, whereas pain accepted is, in a sense, just pain. Radical acceptance does not make the painful situation pleasant; it removes the additional layer of anguish generated by the struggle against what has already occurred.

Three clarifications are built into the construct from the outset, and they will matter greatly for the theological analysis to come. First, acceptance is not approval. To accept that an injustice has occurred is not to declare it just; it is to stop pretending it did not happen. Second, acceptance is not resignation or passivity. One may radically accept a present reality while working vigorously to change it; indeed, accurate acknowledgment of what is the case is the precondition of effective action, because one cannot change a situation one refuses to see clearly. Third, acceptance is an act, often repeated, rather than a feeling. In Linehan's (2015) own

clinical idiom, this is the work of “turning the mind” toward acceptance again and again, because the refusing mind keeps returning to the gate; it is the choice of “willingness” over “willfulness,” and it draws on the synthesis she calls “wise mind,” in which reasonable mind and emotion mind are integrated rather than opposed. These three distinctions (acceptance is not approval, not passivity, and not a single achieved emotion) are the hinges on which a Christian appropriation of the skill will turn.

Linehan’s Own Story: Why Zen Is Not Simply Foreign

The worry that radical acceptance imports an alien Buddhist metaphysics is complicated by the religious biography of the woman who named the skill. Linehan was raised in a Catholic family in Tulsa, Oklahoma, and as a young woman endured a severe psychiatric crisis (suicidal, self-injurious, and hospitalized for an extended period) that she later described as resembling the borderline presentation she would spend her career treating (Carey, 2011; Linehan, 2020). She has dated her recovery in part to a religious experience: praying alone in a chapel, she recounts being overwhelmed by a sense of being loved by God, an experience she described as transformative and from which she returned to herself (Linehan, 2020). Her subsequent contemplative formation came not from a secular Buddhism but largely through Christian teachers of Zen. She trained under the Benedictine monk Willigis Jäger and the Catholic priest and Zen master Pat Hawk, and was eventually authorized to teach, holding Zen practice and Catholic faith together rather than substituting one for the other (Linehan, 2020).

This biography does not dissolve the theological questions that follow, but it reframes them. For Linehan, the practices that became DBT’s acceptance skills were not a vehicle for a metaphysics of self-dissolution but were lived within a theistic and recognizably Christian spiritual life. The honest issue, then, is not that a Buddhist soteriology is smuggled wholesale

into the clinic; it is subtler. The skills were abstracted from a contemplative life and rendered in secular behavioral language for general use, and in that abstraction, they can pick up whatever telos the surrounding account supplies: Zen, secular, or, as this paper proposes, Christian. That Linehan herself held the practice within faith is a precedent, not a proof; it suggests that the practice is hospitable to a theistic framing, while leaving the constructive work of supplying a specifically Lutheran anthropology and telos still to be done.

The Dialectic of Acceptance and Change

Radical acceptance cannot be understood apart from the dialectic that gives DBT its name. The central tension of the therapy is the simultaneous demand for acceptance and change: the client is told, in effect, that she is doing the best she can and that she must do better, and that both are fully true at once. The therapeutic art lies in holding the two poles together rather than collapsing into either one. Acceptance without change becomes mere endurance; change without acceptance becomes a war on the self. Radical acceptance is the acceptance pole of this dialectic, and it is meaningful precisely because it is held in tension with the change pole rather than replacing it.

Linehan (1993) credited this dialectical framework to dialectical materialism, the Marxist development of dialectical method. For the present purpose, the exact pedigree matters less than the structure. Whatever its lineage, DBT operates not in the realm of material and economic forces that Marx made primary but in the realm of consciousness, meaning, emotional experience, and the therapeutic relationship as a site of mutual recognition; its tensions are not overcome but held and preserved, resolved through a synthesis that cancels, keeps, and elevates both poles at once (*Aufhebung*; Hegel, 1807/1977). That logic of held and preserved tensions is closer to Hegel's dialectic than to Marx's (Pinkard, 1994; Taylor, 1975), and, in standard

scholarship, a dialectical method is, in any case, not automatically a Marxist one (Stewart, 1996). The point worth carrying forward is not a contested claim about which philosopher DBT belongs to, but a modest bridge: the formal shape of holding two opposed truths together without collapsing either should look familiar to a Lutheran, who already confesses the believer to be *simul iustus et peccator*, at once righteous and sinner. Read this way, the dialectic is not a foreign philosophical commitment to be cleared away but a structure the tradition recognizes, and that recognition, not the philosophical genealogy, is what the argument needs.

Intended Outcomes and Mechanisms

Radical acceptance is intended to serve emotion regulation, distress tolerance, resilience, and overall psychological well-being. The proposed mechanism is the interruption of secondary emotional escalation. When a person meets an unwanted reality with refusal, that refusal triggers a cascade of anger, anxiety, and despair, which is then experienced as further evidence that the situation is unbearable. Acceptance breaks this loop not by changing the external facts but by changing the relationship to them, allowing the nervous system to settle and freeing cognitive and emotional resources for whatever response is available. Mechanistic research within DBT supports the centrality of this family of skills: improvements in distress tolerance and mindfulness independently mediate the relationship between DBT skills training and reductions in general psychopathology (Zeifman et al., 2020), suggesting that learning to tolerate and accept distress is not incidental to DBT's effects but part of how the treatment works.

Empirical Support

DBT as a whole is among the most thoroughly validated psychotherapies for emotion dysregulation and self-harm, and briefer formats appear to retain much of the benefit: a noninferiority randomized trial found six months of DBT comparable to twelve months on self-

harm and general psychopathology outcomes, with the shorter course producing more rapid early gains (McMain et al., 2022). More directly relevant to the present topic, radical acceptance has begun to accumulate support as a distinct intervention rather than only as one ingredient in a package. In a randomized controlled trial conducted with women experiencing acute war-related distress, a brief online radical-acceptance protocol produced significant reductions in stress, depression, and emotion-regulation difficulties that persisted at follow-up, outperforming both a relaxation condition and an active control (Segal et al., 2025a). In an experimental comparison, radical acceptance functioned effectively as a standalone emotion-regulation strategy, returning negative affect to baseline more completely than a cognitive-reappraisal skill and, notably, also enhancing participants' subsequent capacity to use reappraisal (Segal et al., 2025b). And in the treatment of posttraumatic stress disorder following childhood abuse, residential DBT-PTSD produced significant gains in radical acceptance of the traumatic event even after controlling for change in core PTSD symptoms (Görg et al., 2019). Taken together, the evidence supports radical acceptance as an active, transportable skill that contributes to emotional recovery across populations ranging from acute situational stress to chronic trauma.

The Contemplative Roots of Radical Acceptance

Linehan did not conceal the spiritual genealogy of her acceptance constructs. Her mindfulness and acceptance skills were drawn substantially from Zen practice and contemplative training, translated into secular, behaviorally specified language so that they could be taught to clients regardless of belief. As the preceding section noted, contemplative formation was held within her own Catholic faith; the constructs were nonetheless abstracted and secularized for general clinical use. The DBT concept of “Wise Mind,” the synthesis of the reasonable mind and the emotional mind, bears the unmistakable shape of a contemplative epistemology in which

deeper knowing emerges when analysis and feeling are integrated rather than opposed. Radical acceptance itself echoes the Zen counsel to meet each moment as it is, without overlaying craving for it to be otherwise. The honest question for the Christian is therefore not whether radical acceptance has spiritual roots (it plainly does) but which elements are inseparable from those roots and which can be received as portable clinical technique and re-narrated within the faith.

A Second Lineage: Brach as a Metaphysically Thick Variant

The contemplative influence does not run through Linehan alone. Its most prominent popular articulation comes from Tara Brach, a clinical psychologist and Insight (vipassana) meditation teacher, whose *Radical Acceptance* (2003) gave the phrase wide currency well beyond clinical settings. Brach is introduced here not as the default meaning of radical acceptance (that remains Linehan's behaviorally defined clinical skill) but as an exemplary metaphysically thick variant: a version that wears its commitments openly and therefore serves as the sharpest test of whether the practice can be received without its accompanying faith. For Brach, acceptance has two inseparable wings, clear seeing (mindfulness) and kindness toward what is seen (compassion), and, as for Linehan, acceptance is not approval; to accept an experience is not to condone the circumstances that produced it. Her organizing diagnosis is what she calls the trance of unworthiness, a pervasive and often unconscious conviction that one is fundamentally flawed and "not enough." Her practice, the mnemonic RAIN: Recognize, Allow, Investigate, Nurture (Brach, 2003, 2019; the sequence originated with the meditation teacher Michele McDonald, whose final term was non-identification rather than nurture). *It* is strikingly portable as a structure of attention, and much of it can be taught to anyone. What is not portable is the telos she assigns it: dissolving the trance means awakening to one's basic

goodness, an original nature understood as a boundless wakefulness the trance had only obscured. That is a soteriology, an account of what one most deeply is and how one is finally made well, and it is here, more openly than anywhere in Linehan, that the Christian counselor must decide what to keep and what to decline. Precisely because Brach's version is metaphysically thick, where Linehan's is thin, it is the clearer test of whether radical acceptance can be received as practice without its accompanying faith.

Convergence: What Generalizes

A good deal of radical acceptance generalizes across settings without remainder. The observation that fighting an unchangeable reality multiplies suffering is not a sectarian doctrine; it is a description of how human emotion behaves, and it is consistent with the mechanistic and outcome evidence reviewed above (Görg et al., 2019; Segal et al., 2025a, 2025b; Zeifman et al., 2020). The practices that operationalize acceptance (nonjudgmental observation of present experience, willingness in place of willfulness, repeatedly turning the mind back toward what is) can be described in entirely behavioral terms and have measurable effects on affect and physiology. At this level, radical acceptance is a skill, in the same way that paced breathing is, and it can be taught to clients of any creed. What should not be inferred from this generalizability, however, is metaphysical neutrality. As the approach above, in line with Kinghorn (2024), the practice still embeds anthropology and trains desire; that it can be described behaviorally does not mean it lacks telos, only that its telos is supplied by whatever account surrounds it. The practice generalizes; it is not inert. The constructive question is the one Smith (2009) presses: what vision of the good life this practice forms us to want, and it is answered not by locating a neutral core but by re-narrating the practice within a particular frame.

Buddhism on Its Own Terms

Before identifying where a Christian must part from the Buddhist account, intellectual honesty requires meeting that account at its strongest and in its own sources rather than through its clinical translators. Linehan and Brach are, for this purpose, secondhand witnesses, a behavioral therapist and a contemplative popularizer, each with reason to render Buddhism in terms congenial to a Western therapeutic audience. A critique mounted only against their renderings risks striking a caricature. The tradition deserves to be heard through its own teachers (the Pali sources, the Theravada expositor Walpola Rahula, the scholar-monk Bhikkhu Bodhi, the Zen teacher Thich Nhat Hanh, and the historian of doctrine Rupert Gethin) before it is weighed.

The framework Buddhism offers is the Four Noble Truths, and even their translation requires care. The first names *dukkha*, rendered too flatly as “suffering”; the term reaches wider, naming the pervasive unsatisfactoriness and instability of conditioned existence, the way even genuine pleasures are shadowed by their passing (Gethin, 1998; Rahula, 1959/1974). The second locates the origin of *dukkha* not in pain as such but in *tanha*, craving or thirst, the grasping after pleasure, after continued existence, and after non-existence. The third announces that the cessation of *dukkha* is genuinely possible. The fourth prescribes the path to that cessation, the Noble Eightfold Path of right view, intention, speech, action, livelihood, effort, mindfulness, and concentration (Bodhi, 2005). Rahula (1959/1974) was at pains to correct the Western misreading of all this as pessimism or world-denial: the Buddha, in his telling, is less a prophet of gloom than a physician who names a disease in order to cure it, and the diagnosis of *dukkha* is offered precisely because release is held to be attainable.

It must be said plainly, then, that Buddhism does not counsel emotional numbing, indifference, or a merely managed equanimity, and any critique that assumes it does has missed

its target before it begins. The equanimity (*upekkha*) the tradition prizes is not flatness or withdrawal from others but a balanced, non-reactive steadiness rooted in wisdom and held together with active compassion; it stands as one of the four “divine abidings” alongside lovingkindness (*metta*), compassion (*karuna*), and sympathetic joy (Gethin, 1998). The goal of the path is not the dimming of experience but *nibbana*, liberation, awakening, an unconditioned peace the tradition describes in superlatives, and which Rahula (1959/1974) insists must not be confused with annihilation or mere nothingness. Far from licensing passivity, the path is strenuously ethical, and in its Mahayana development it is radically other-directed: the bodhisattva vows to forgo final liberation until all sentient beings are freed, a vision of compassion extended without limit that no fair observer could mistake for self-absorbed quietism.

Thich Nhat Hanh sharpens the point for the very practices that found their way into DBT. For him mindfulness is not avoidance but the tender embrace of suffering: one is to recognize pain, hold it as a mother holds a crying child, and look into it deeply until its roots and its impermanence are understood and it can be transformed (Nhat Hanh, 1998). His teaching of “interbeing,” the mutual belonging of all things, issues not in withdrawal but in engaged compassion and social action. Acceptance here is dynamic and transformative, a way of meeting reality so fully that it ceases to dominate, closer to the Christian refusal of the spiritual bypass than to the numbing the construct is sometimes accused of. The *Dhammapada* speaks in the same register, opening with the claim that mind precedes and shapes all things and teaching that hatred is never stilled by hatred but only by its absence, an ethic of inner transformation issuing in non-retaliation, not a recipe for indifference (Fronsdal, 2006).

It is against this strongest version, and not a caricature, that the Christian disagreement must be located, and that location is narrower and deeper than is often supposed. The Christian does not part from Buddhism because it is cold, passive, or indifferent to compassion; the Buddhist insistence that grasping multiplies suffering and that pain must be met rather than fled converges remarkably with what the theology of the cross will affirm. The parting comes instead at the level of metaphysics and telos (in the account of what the self ultimately is, what desire finally is, and toward what end release moves), and it is to those commitments, integral to the tradition rather than incidental to it, that the analysis now turns.

Divergence: Where Metaphysics Begins

The divergence appears when acceptance is asked to rest on a particular account of why acceptance heals. In its classical Buddhist setting, the release from suffering is bound to a metaphysics: suffering (*dukkha*) arises from craving and attachment; the self is impermanent and ultimately lacks a fixed essence (*anatta*); and liberation comes through the extinguishing of attachment. On this account, peace is found by loosening the grip of desire and dissolving the illusion of a permanent, valuing self. A Christian cannot adopt that framework wholesale. Scripture does not treat desire as such as the root of suffering, nor the self as an illusion to be dissolved; it treats the self as a creature made in the image of God, desire as something to be rightly ordered rather than extinguished, and suffering as bound up with a fallen creation that God is redeeming rather than with a metaphysical error to be seen through. The crucial discrimination, then, is between acceptance as a *method of relating to present reality* and acceptance as a *soteriology*, a doctrine of how one is finally made well. The former is clinical and transferable. The latter is a rival account of salvation, and it is the latter, not the former, that a Confessional Lutheran framework must decline. Brach's (2003) work makes the stakes vivid:

her remedy for the trance of unworthiness is awakening to an innate basic goodness, a true self the trance had hidden, exactly the soteriological claim a Christian cannot grant, not because clear seeing and kind holding are objectionable, but because the self is not its own salvation.

The Teleological Deficit in Radical Acceptance

The deficit can be stated as a sequence. Dialectical behavior therapy reduces suffering by building the capacity to tolerate distress; radical acceptance, more precisely, reduces the secondary suffering produced by resistance to what cannot be changed. Both are real achievements. Yet neither, on its own, specifies the end toward which a now-accepting life is meant to move. Acceptance answers the question *what must I stop fighting?* It does not answer the question *and now, toward what?* The Zen-derived model can leave that second question hanging, presenting equanimity as though it were itself the destination. Three traditions supply the missing terminus, in ascending order of fullness: Acceptance and Commitment Therapy directs acceptance toward chosen values; Frankl's logotherapy directs it toward meaning discovered even in unavoidable suffering; and Lutheran theology directs it toward vocation, the concrete love of God and neighbor in one's actual callings. Each treats acceptance not as a place to arrive but as a ground cleared for movement. The present synthesis takes this teleological structure as its backbone, and the discussion that follows shows why ACT, in particular, supplies its most clinically generative form.

The present author has pressed this concern elsewhere: the Zen-derived model tends to present acceptance and equanimity as something close to a terminal state, the place where the work arrives and rests. Linehan's account is clinically functional, but it can leave acceptance without a clear forward orientation, without a strong answer to the question, accepted, and now toward what? Acceptance and Commitment Therapy (ACT) offers a corrective at exactly this

point. In ACT, acceptance of painful internal experience is never the destination; it is the ground that makes values-based, committed action possible (Hayes et al., 2012). One accepts what cannot be controlled precisely in order to be freed for what can be chosen and lived. This teleological framing, acceptance for the sake of faithful movement, is both more clinically generative in trauma and grief contexts and more congenial to a Christian anthropology, in which the human person is not made for equanimity as such but for love, vocation, and hope. For this reason, the present synthesis will draw its model of acceptance more from ACT's structure than from Linehan's Zen-based one, while retaining radical acceptance's distinctive insistence on the completeness of acknowledgment.

Acceptance Across the Evidence-Based Modalities

Radical acceptance is not an isolated discovery of DBT. A family resemblance runs through the third wave and broader cognitive-behavioral therapies, each conceptualizing acceptance, suffering, reality, and change somewhat differently. Surveying the family clarifies what is generic and well evidenced and what is particular to any one tradition's metaphysics.

Acceptance and Commitment Therapy

ACT makes acceptance one of six interlocking processes that together constitute psychological flexibility: acceptance, cognitive defusion, present-moment awareness, self-as-context, values, and committed action (Hayes et al., 2012). Suffering, on this view, is intensified not by pain itself but by experiential avoidance, the effort to control or eliminate unwanted thoughts and feelings, and by fusion with one's thoughts. Acceptance and defusion loosen that struggle, making valued action possible even in the presence of pain. The model is among the better-evidenced of the third-wave approaches. A comprehensive, systematic, and meta-analytic review of 67 studies (over 9,000 participants) found that ACT reliably increases psychological

flexibility and that these changes are linked to reductions in distress, supporting flexibility as a genuine mechanism rather than a byproduct (Macri et al., 2024). ACT also shows benefit for populations defined by unchangeable circumstances: in chronic pain, where cure is often not on offer, ACT improves pain interference and acceptance and reduces distress (Trindade et al., 2021). The conceptual signature of ACT, acceptance in the service of values, is the element this paper will carry forward.

Mindfulness-Based Cognitive Therapy and Mindfulness-Based Approaches

MBCT integrates mindfulness training with cognitive therapy to prevent depressive relapse, teaching patients to relate to depressogenic thoughts as passing mental events rather than facts to be obeyed (Segal et al., 2013; Teasdale et al., 2000). Here, acceptance takes the form of “decentering”, observing the contents of the mind without being captured by them. The evidence is strong: an individual-patient-data meta-analysis of randomized trials found that MBCT reduced the risk of depressive relapses over 60 weeks relative to usual care and other active treatments, with larger effects among those with greater residual symptom burden (Kuyken et al., 2016). Mindfulness-based stress reduction, MBCT’s parent program, brought nonjudgmental present-moment awareness into mainstream medicine for stress, pain, and illness (Kabat-Zinn, 1990). In these approaches, acceptance is again a stance toward inner experience rather than a metaphysical claim, though, as in DBT, the contemplative lineage is explicit.

Cognitive Behavioral Therapy

Classic CBT might seem the odd one out in the family, since its central aim is to change maladaptive cognitions rather than accept them (Beck et al., 1979). Yet acceptance enters CBT in two ways. First, accurate appraisal, seeing a situation as it actually is rather than through catastrophic distortion, requires accepting genuinely negative realities that are not distortions at

all. Second, head-to-head comparisons suggest that change-oriented and acceptance-oriented approaches often reach similar destinations: a meta-analysis of equivalence found mindfulness-based therapy and CBT statistically equivalent in treating current depression (Sverre et al., 2022). The two strategies may be complementary routes to the same regulatory capacity, a point DBT institutionalizes by housing both “check the facts” (cognitive change) and radical acceptance within a single treatment.

Trauma-Informed, Compassion-Focused, and Positive-Psychology Approaches

Trauma-informed care reframes acceptance with an important caution. Recovery from trauma requires acknowledging the reality of what happened form of acceptance against the powerful pull of denial and dissociation, while never affirming the harm or the perpetrator; safety and stabilization must precede any push toward acceptance (Herman, 1992/2015). This is precisely the distinction between accepting that an event occurred and endorsing it. Compassion-focused therapy adds that acceptance of one’s own pain and limitation is nearly impossible without self-compassion; for clients dominated by shame, the capacity to meet suffering kindly rather than with self-attack is the enabling condition of acceptance (Gilbert, 2010; Neff, 2003). Brach’s (2003) image of the two wings, clear seeing paired with kind holding, names the same pairing in contemplative idiom and anticipates this self-compassion literature: without the compassion wing, acceptance collapses into bleak self-judgment. From a Christian angle, Thompson (2015) presses further, arguing that self-directed compassion alone cannot reach the root of shame, which yields only to being known in relationship, a relational turn that the present model takes up below. Positive psychology, finally, reframes the telos: acceptance is not an end but a clearing of the ground for meaning, engagement, and flourishing (Seligman, 2011; Seligman & Csikszentmihalyi, 2000). Frankl’s (1946/2006) logotherapy makes the same move in

the register of suffering itself: when a situation cannot be changed, the remaining freedom is the attitude one takes toward it, and meaning can be found even there.

Synthesis

Across these modalities, common psychological grammar emerges. Suffering is amplified by the refusal of reality; accurate acknowledgment of what is reduces that amplification; acceptance is a stance toward experience rather than approval of circumstance; and acceptance is most therapeutic when it serves something beyond itself: valued action, meaning, connection, or recovery. What differs among the traditions is largely the supplied telos and the implicit account of the self. That is exactly the seam along which a Christian integration can cut: retain the shared psychological grammar and supply the telos and anthropology from one's own tradition rather than from Zen, secular humanism, or positive psychology's default optimism. Before doing so, however, fairness requires making explicit that the cognitive-behavioral therapies have an implicit account of the self no less than the contemplative traditions do, the subject of the next section.

Hidden Anthropologies in Evidence-Based Psychotherapies

The Zen lineage and Brach's contemplative variant have been examined here with a frank hermeneutic of suspicion, asked to disclose the account of the self and of salvation they carry. Fairness requires turning the same scrutiny on the cognitive-behavioral therapies themselves, which are too easily treated as the neutral, secular baseline against which only the overtly spiritual options need to be screened. They are nothing of the kind. As Browning and Cooper (2004) argued in their classic study of the modern psychologies, every influential psychology smuggles in more than a method; it carries deep metaphors and a quasi-religious vision of human fulfillment, an implicit answer to the questions of what a person is for, what counts as

flourishing, and what would constitute a life gone right. Read at that level, each acceptance-oriented therapy surveyed above proposes its own anthropology and telos.

Classic cognitive therapy embeds a broadly rationalist subject. The person is, at the core of the model, a thinker whose distress is mediated by appraisals and whose restoration consists in bringing belief into line with evidence (Beck et al., 1979). Flourishing, in this picture, is accurate cognition: the well-functioning person sees clearly, reasons soundly, and is no longer governed by distortion. Success is correspondingly defined: reduced symptoms, corrected automatic thoughts, a mind that no longer misreports the world. It is a humane and often liberating vision, but it is a vision: it locates human good largely in the competent, self-correcting intellect, and it can leave underdetermined what the clear-seeing mind is finally for.

Acceptance and commitment therapy proposes a different agent. The ACT subject is not primarily a knower but a chooser, a flexible, values-directed actor whose health is psychological flexibility, the capacity to hold thoughts lightly and move toward what one values even in the presence of pain (Hayes et al., 2012). Flourishing here is vital, valued living; success is workability rather than symptom reduction, a life lived in the direction of one's chosen values. This is a richer telos than symptom relief, and its forward orientation is, as argued above, congenial to Christian appropriation. Yet it, too, leaves a question open and, in its standard form, deliberately unanswered: the values themselves are the client's own, and ACT, as a clinical technology, declines to adjudicate them. The agent is free and values-directed, but the model is, by design, silent about which ends are worth directing a life toward.

Dialectical behavior therapy assumes a more vulnerable subject still. Its paradigmatic person is emotionally dysregulated, often in recurrent crisis, and the treatment's goal is famously to help the client build "a life worth living" through behavioral control, relational stability, and

the reduction of self-harm and crisis behavior (Linehan, 1993, 2015). Flourishing, within the model's operational reach, is a regulated and stable life; success is the patient who is no longer in extremis and can tolerate distress without destroying what she has built. This is a profound good, especially for those whose suffering has made ordinary life impossible. But “a life worth living” is a phrase that points beyond what the model can specify: worth living by what measure, ordered to what end? and DBT, like ACT, leaves that final question to the client.

Set side by side, these are not one neutral science and several optional faiths; they are several anthropologies, each with an implicit telos: the clear-seeing mind, the flexible values-directed agent, the regulated and stable self. Each names a real creaturely good, and a Lutheran can affirm all three as goods of the left-hand kingdom: accurate perception, faithful action, a life no longer ruled by crisis. What each leaves open is precisely the question theology exists to answer. Against the rationalist telos, the doctrines of sin and the cross deny that the human problem is finally a failure of accurate cognition whose remedy is clearer seeing; the difficulty lies deeper than the intellect. Against the open-ended telos of values, vocation specifies the ends, love of God and neighbor in one's actual stations, that ACT's agent is otherwise left to choose in the dark. Against the horizon of a merely regulated life, sanctification and eschatological hope insist that stability is not the summit, that the self is being remade, and that the life finally worth living is one received by grace and consummated beyond this age. The point is not that these therapies are false where the spiritual options were suspect, but that all of them, secular and contemplative alike, carry an anthropology and a telos that must be examined rather than assumed. This is the integration posture named at the outset (Entwistle, 2015; Johnson, 2010): not to crown one psychology as neutral and screen the rest, but to receive the genuine creaturely

knowledge each affords while supplying, from theology, the account of the person and her end that none of them can finally give.

A Christian [Confessional Lutheran] Evaluation

The remainder of this paper reads radical acceptance against eight loci of Confessional Lutheran doctrine, asking at each point where the skill is compatible, where it is in tension, and where it reaches a limit that theology must mark. The confessional sources are the Lutheran Confessions collected in the *Book of Concord* (Kolb & Wengert, 2000), read with the Law and Gospel hermeneutic that organizes Lutheran theology (Walther, 1897/1929) and the theology of the cross that organizes its account of suffering (Forde, 1997). Among these eight, the theology of the cross is not merely one locus alongside the others; it is the center toward which they converge and the lens through which the rest are read. The realism radical acceptance requires is, at bottom, the realism of a *theologia crucis*, and the loci that precede it (sin, Law and Gospel, justification, sanctification, providence) prepare the ground for it, while those that follow (hope and vocation) draw out its forward implications.

Human Sinfulness and Original Sin

Lutheran anthropology begins with a candid realism about the human condition: original sin is not merely a tendency toward bad acts but a corruption reaching the whole person, such that human beings cannot by their own reason or strength believe in or come to God (Kolb & Wengert, 2000, Augsburg Confession II; Small Catechism, Third Article). This doctrine is, surprisingly, a point of deep compatibility with radical acceptance. Both refuse the fantasy that things are other than they are. The honest naming of one's own incapacity, the relinquishing of the pretense of self-sufficiency, is structurally an act of acceptance, and it is the act on which the whole Lutheran account of grace depends. A theology that takes sin seriously is unusually

prepared to accept hard reality without flinching, because it has already accepted the hardest reality about the self. The tension lies only in the Zen rendering, where the obstacle to peace is craving and the illusion of self; the Lutheran obstacle is sin, and the remedy is not insight but rescue.

The Distinction Between Law and Gospel

The proper distinction between Law and Gospel is the master key of Lutheran theology (Walther, 1897/1929). The Law accuses and exposes; the Gospel forgives and frees. Radical acceptance can be located on this map, and locating it prevents a characteristic pastoral error. Acceptance is not Gospel (it announces no forgiveness and bestows no righteousness), but neither is it Law, for it makes no demand and pronounces no verdict. It belongs to the order of created wisdom, the realm of human coping that operates in the left-hand kingdom. The danger arises when acceptance is preached as though it were Gospel: when a sufferer is told that peace will come if only she accepts hard enough, acceptance becomes a new Law, a performance demand laid on the very people least able to meet it, and the failure to feel peaceful becomes one more accusation. Held in its proper place, as skill, not salvation, radical acceptance does not compete with the Gospel; misplaced, it quietly becomes works-righteousness in therapeutic dress.

Justification by Grace Through Faith

Justification, that the sinner is declared righteous for Christ's sake through faith, apart from works (Kolb & Wengert, 2000, Augsburg Confession IV), guards the integration at its most important point. Acceptance must never be allowed to become a condition of God's acceptance of the person. The Christian client does not need to achieve radical acceptance to be received by God; she is already received, and from within that security, she is free to practice acceptance as a

creaturely good without staking her standing on it. This is liberating clinically as well as theologically: a client who is not white-knuckling acceptance as a test she must pass can approach it with the very willingness the skill requires. The doctrine most threatened with displacement by an acceptance soteriology is precisely the doctrine that, rightly held, makes acceptance safe.

Tara Brach's work brings this doctrine into especially sharp relief, because her central diagnosis and the Lutheran diagnosis sound alike and then diverge completely. Brach (2003) describes a pervasive trance of unworthiness, a deep, often unconscious conviction of being fundamentally flawed and not enough, and she surely names something real that counselors encounter constantly. A Lutheran can affirm the phenomenology while contesting both the diagnosis and the cure. Brach treats the sense of unworthiness as essentially false, a trance to be dispelled by awakening to one's basic goodness. The doctrine of justification says something more paradoxical and, finally, more freeing: before the Law, *coram Deo*, the person genuinely is unworthy (the verdict is not a distortion to be seen through), and yet she is declared righteous anyway, not because the unworthiness was illusory but because a righteousness from outside herself, the alien righteousness of Christ, is reckoned to her (Kolb & Wengert, 2000, Augsburg Confession IV). The contrast is exact and consequential. Brach's remedy locates worth within, in a true self obscured by the trance; the Gospel locates it without, in a verdict spoken over the sinner from the cross. For the shame-bound client, the Lutheran word is arguably the sturdier ground, precisely because it does not depend on her success in feeling good about herself. She need not win the argument with her own unworthiness; she is given a standing her feelings cannot revoke. Radical acceptance, in this frame, is not the discovery that one was always whole,

but the freedom to stop defending against one's real brokenness because one is already, from outside, received.

A Christian voice from outside the Lutheran tradition reinforces the point from the side of clinical theory. The psychiatrist Curt Thompson (2015), working within interpersonal neurobiology, argues that shame is healed not by self-acceptance but by being known, met in vulnerable relationship, by God and by others, with a regard that does not recoil. Shame drives the hiding that began in the garden, and it is undone only when one is seen and still received. This converges strikingly with the structure of justification, in which the verdict that heals is spoken over the person from outside herself rather than generated within. Thompson also distinguishes shame ("I am defective") from guilt ("I have done wrong"), a distinction that safeguards the integration: radical acceptance and self-compassion address shame, whereas the Law accuses and the Gospel forgives guilt. Thompson writes as an evangelical rather than a confessional Lutheran and is best read here as a clinical dialogue partner, but his relational account of shame's cure points unmistakably toward the external word, and beyond it, toward the church.

Sanctification and Christian Growth

If justification secures the standing within which acceptance is practiced, sanctification supplies the developmental frame. Sanctification in Lutheran teaching is the Spirit's ongoing work in the believer, never finished in this life, in which the Christian remains *simul iustus et peccator*, at once wholly righteous in Christ and still a sinner *in via*. Here, the DBT dialectic and the Lutheran *simul* illuminate each other with remarkable precision. Linehan's central dialectic (you are doing the best you can, and you need to do better, both fully true) is formally the same shape as the believer who is at once fully accepted and still being changed. Acceptance and

growth are not rivals to be balanced; they are simultaneously true, the one the ground of the other. The Lutheran is, in this sense, native to dialectical thinking and need not import it from Marx or even from Hegel; the *simul* was holding acceptance and change together centuries before DBT named the move.

Providence and the Sovereignty of God

The doctrine of providence transforms what radical acceptance is acceptance of. For the Zen practitioner, the reality one accepts is, at bottom, impersonal: the way things are. For the Christian, the reality one accepts is governed by a God who numbers the hairs of one's head and works all things for the good of those who love him (Romans 8:28). This does not make suffering pleasant or its causes good, and Lutheran theology resists any glib reading of providence that would call evil good. But it changes acceptance from resignation before an indifferent cosmos into trust before a personal Father. The Christian does not merely accept that a thing is; she accepts it into the hands of One who is not absent from it. Providence is thus the doctrine that most decisively distinguishes Christian acceptance from its Zen analog: the object of acceptance is not a brute fact but a Father's ordering, even when that ordering is hidden under its apparent opposite.

A guardrail belongs here at once, before the consolations of providence are allowed to run ahead of it. Christian acceptance is acceptance of reality's existence, not acceptance of God's intention behind every event. To accept that a thing has happened, and to receive it into the hands of a faithful God, is emphatically not to conclude that God willed it, authored it, or meant it for the good it appears to deny. The fuller form of this safeguard, Luther's distinction between the revealed God and the hidden God, is developed below; but its basic shape must be in place from the first, lest providence be heard as the claim that suffering is acceptable because God

ordained it. It is not that claim, and the model collapses into cruelty the moment it is mistaken for one.

This theological difference has an empirical signature. The research literature on religious coping distinguishes positive religious coping (benevolent reappraisal of hardship, collaborative partnership with God, and the seeking of spiritual support) from negative religious coping, or spiritual struggle, in which a person experiences hardship as divine punishment or abandonment (Pargament, 1997). As Koenig's synthesis of this literature documents, positive religious coping is associated with better mental-health outcomes, while spiritual struggle predicts greater depression and poorer adjustment, and in some samples even elevated mortality (Koenig et al., 2012). The providential reframe described here is, in clinical terms, the cultivation of positive religious coping: receiving the unchangeable reality into the hands of a trustworthy God rather than reading it as a verdict of rejection. The pastoral stakes are therefore not merely doctrinal. How a suffering Christian construes God's relation to her circumstances is measurably consequential for whether acceptance heals or corrodes.

This providential reframe, however, is among the easiest points in the whole argument to abuse, and it must be guarded carefully, because at its worst it becomes the claim that suffering should be accepted because God ordained it, a sentence that has done immense pastoral harm. Lutheran theology has its own resources for refusing that move, and they run through the doctrine of God's hiddenness. Luther distinguished the God revealed in Christ and the Gospel from the *Deus absconditus*, the hidden God whose workings in history and nature are not given to us to decode (Bayer, 2008; Forde, 1997). The same theology of the cross that authorizes unflinching realism also forbids speculation: God is revealed *sub contrario*, under the appearance of the opposite, which means precisely that we cannot read off his good will from the

surface of events. To stand before an evil and pronounce on what God intended by it is the move of the theologian of glory; the theologian of the cross calls the evil evil and leaves the hidden counsel hidden.

This yields careful grammar for the worst cases. The Christian confesses God's sovereignty over all things. Luther's *Bondage of the Will* (1525/1957) presses divine governance and human inability about as far as the tradition allows. And yet the confession of sovereignty is not a license to assign God's authorship to particular atrocities. We must not say that God willed an abuse, a rape, a genocide; we may say that God permits evils within a fallen creation, that he does not abandon his creatures within them, and that he works even there without thereby making the evil good. Kolb (2012) describes this as a narrative providence rather than a system of deterministic decrees: God is the faithful actor in a story whose darkest chapters he neither scripts as good nor leaves finally unredeemed, rather than the metaphysical cause to whom each particular horror is to be debited. The distinction between accepting that a thing occurred and approving it, which organizes this whole paper, is the pastoral edge of this doctrine: one may accept the reality of an evil into the hands of a God who is present in it without ever conceding that he willed it or that it was good.

Some evils, moreover, are of a kind that no providential reframe should be asked to absorb. Marilyn McCord Adams (1999) named these *horrendous evils*, those that give the participant *prima facie* reason to doubt whether her life could be a great good to her on the whole, and argued that the Christian answer to them cannot be a justification that shows them to have been worth it, but only their *defeat*: God's overcoming of such evils within the sufferer's own life and in the eschatological consummation. Translated into the present model, this sets a strict limit on what cruciform acceptance may claim in the presence of horrendous evil. It

includes accepting that the evil happened, against the pull of dissociation and denial; it refuses to declare the evil good; and it locates the evil's defeat not in any meaning wrung from it now but in God's eschatological action and in the concrete works of justice, lament, repair, and absolution that faith undertakes in the meantime. Where the evil is also moral injury, the wound of having acted, or having been made complicit, against one's deepest convictions (Kingham, 2012), acceptance of the facts is necessary but radically insufficient; such wounds are met not by tolerating distress but by truthful naming, confession, and the slow restoration of moral fellowship. Here, more than anywhere, acceptance must not be hurried, and some realities must be named, lamented, and resisted before they can in any sense be accepted.

The Theology of the Cross

This locus is the hinge of the present argument, the point at which the philosophical and empirical analysis above turns theological, and the clinical applications below find their ground. Luther's theology of the cross holds that God is found not by climbing above suffering into glory but precisely in suffering, weakness, and the cross, revealed *sub contrario*, under the appearance of its opposite (Forde, 1997). A theologian of glory calls the bad thing good and the hard thing easy; a theologian of the cross calls the thing what it actually is. This is, strikingly, a theological mandate for the realism radical acceptance requires. The theology of the cross forbids the spiritual bypass, the pious refusal to acknowledge how bad things are, and authorizes the believer to name suffering fully and honestly, because God is not driven away by honesty about pain but is found there. Radical acceptance's insistence on complete, bodily, unflinching acknowledgment of reality is, for the Lutheran, not a foreign Buddhist intrusion but something close to the practical edge of *theologia crucis*. Where the two part company is in their understanding of suffering: Zen seeks release from suffering by letting go of attachment, while

the theology of the cross finds God within suffering and refuses to flee it. This locus receives its fullest constructive development below, in the model of cruciform acceptance.

Christian Hope and Eschatology

Eschatological hope supplies what the Zen model structurally lacks: a horizon beyond acceptance. The Christian accepts present reality as real and often grievous, but not as final. The resurrection means that the unchangeable circumstances of this life (the diagnosis, the loss, the irreversible harm) are not the last word, and that creation itself groans toward redemption (Romans 8). This is the decisive correction to any reading of acceptance as terminal equanimity. Christian acceptance is acceptance under promise: full acknowledgment of what is, held open toward what will be. Hope does not dilute the acceptance into wishful denial; the believer still accepts the reality completely. But hope keeps acceptance from hardening into despair's quieter cousin, the calm certainty that nothing will ever be otherwise. Such hope also makes possible a particular relation to memory: the wound, fully named, need not become either a thing denied or a permanent monument, but can be remembered truthfully without being remembered triumphantly (Volf, 2006).

Vocation and Faithful Living in a Fallen World

The Lutheran doctrine of vocation locates the Christian's calling in the ordinary stations of life (family, work, community, citizenship) where love of neighbor is actually exercised (Wingren, 1957/2004). Vocation supplies acceptance with its telos in a way that converges almost exactly with ACT's account of values-based action. One accepts what cannot be changed in order to be freed for faithful action in one's callings: to keep loving the family one has rather than the family one wished for, to do the work in front of one rather than the work one would have chosen. Luther's two-kingdoms distinction frames the integration cleanly. Radical

acceptance operates in the left-hand kingdom, the civil and creaturely realm of human flourishing, where it is a genuine good; it does not belong to the right-hand kingdom of Gospel and salvation and must not be promoted into it. Kept in its kingdom, the skill serves the neighbor; promoted out of it, it counterfeits the Gospel.

Accepting Reality Without Endorsing It

The preceding evaluation depends on a distinction now worth making explicit, because it carries most of the integrative weight: the difference between accepting that a reality exists and endorsing, approving, or morally affirming it. These are routinely confused, and the confusion is the single largest source of Christian suspicion toward acceptance language. To accept that a marriage has ended, that an assault occurred, that a body is failing, is not to say that any of these is good, just, or as it should be. It is to stop expending the self in the demand that the fact be otherwise than it is, so that one's remaining strength can go toward faithful response. The moral evaluation of reality is a separate act, and the Christian retains it in full. Indeed, the theology of the cross requires the Christian to call the evil thing evil rather than to baptize it; acceptance in the clinical sense is fully compatible with, and even strengthened by, an unsparing moral honesty about what has occurred.

On this basis, radical acceptance can be received and practiced without adopting any non-Christian metaphysical assumption, not because the practice is neutral, but because its assumptions can be examined and its telos resupplied. What the Christian declines is the claim that the self is illusory, that desire is the root of suffering, or that release from attachment is salvation. What the Christian accepts is simply this: the present, unchangeable facts are what they are, they lie within the providence of a faithful God, they are not the final word, and faithful action remains possible within them. The practices (nonjudgmental acknowledgment,

willingness, turning the mind) carry over; the anthropology and telos are re-narrated rather than borrowed. This is the same operation by which the church has long received pagan and secular goods: testing everything, holding fast to what is good, and declining what cannot be reconciled with the faith. In Smith's (2009) terms, it is a deliberate choice about which kingdom the practice will train the client to desire.

This is why, as the approach above, following Kinghorn (2024), insists, the aim was never to strip radical acceptance down to a metaphysically neutral core: no such core exists. Every form of mental health care embeds an anthropology and a telos, and modern care characteristically runs on a tacit machine model that treats the person as a mechanism whose malfunction is to be repaired. The honest aim has been the one this paper has pursued throughout: to identify the anthropology and telos that the skill quietly imports, to decline the ones foreign to the faith, and to supply Christian ones in their place. Kinghorn does not weaken the case for integration; he explains why integration, rather than mere extraction, is the only intellectually honest option.

A Synthesized Model: Cruciform (Committed) Acceptance

The foregoing analysis can be gathered into a single integrative model, which I will call cruciform (committed) acceptance. Stated as a thesis: cruciform acceptance is radical acceptance received as a practical psychological enactment of the theology of the cross. The name is chosen deliberately: it draws the act of acceptance into the shape of the cross, where realism about suffering and hope of resurrection are held together without either canceling the other. Cruciform acceptance retains radical acceptance's distinctive insistence on the completeness of acknowledgment, takes ACT's teleological structure of acceptance-for-the-sake-of-action, and grounds both in Christian doctrine. It has four interlocking commitments.

The model can be set beside its two principal sources at a glance. The following comparison locates cruciform acceptance in relation to the dialectical behavior therapy and Acceptance and Commitment Therapy frameworks from which it draws, showing where it converges with each and where its theological grounding carries it beyond them.

Dimension	DBT	ACT	Cruciform Acceptance
What is accepted	Reality as it is, especially the unchangeable	Painful inner experience	Reality as it is, received under God
Ground	Wise mind	Psychological flexibility	The cross (<i>theologia crucis</i>)
Purpose	Distress tolerance; “a life worth living”	Values-based committed action	Faithful action in vocation
Future orientation	Limited; equanimity tends toward a terminal calm	Chosen values	Eschatological hope (resurrection)
Ultimate telos	A regulated, stable life	A life of chosen values	Communion with God

First, Good-Friday realism. Cruciform acceptance refuses the spiritual bypass. Its warrant is the most quoted thesis of Luther’s *Heidelberg Disputation* (1518/1957): where the theologian of glory “calls evil good and good evil,” the theologian of the cross “calls the thing what it actually is” (thesis 21; see Forde, 1997). That sentence very nearly defines the model. Radical acceptance is psychological realism, the complete, bodily acknowledgment of what is the case, without the silent footnote of protest. The theology of the cross is theological realism, the refusal to gild suffering or to seek God anywhere but where he has hidden himself, in the cross and in the truth about our condition. Cruciform acceptance is the two held together: calling the thing what it is at once psychologically and theologically, naming the loss, the harm, and the limitation fully and without minimizing, and doing so as an act of faith rather than despair. Moltmann’s (1973/1993) account of the crucified God secures the boundary on the far side: God is in solidarity with the sufferer, present in the god forsakenness of the cross itself, which is the

ground of the realism, and yet this solidarity never becomes a glorification of suffering, never makes the cross lovely or the wound good. Good-Friday realism names the wound as a wound; it does not call it a gift. This is radical acceptance's genuine contribution, and it is theologically licensed rather than merely tolerated.

Second, Easter hope. The acknowledged reality is accepted as real but not as final. Held in dialectical tension (in the Hegelian sense of *Aufhebung*, and in the Lutheran sense of the *simul*), present grief and future redemption are both fully affirmed at once. Hope does not dilute acceptance; it prevents acceptance from collapsing into despair and makes possible the truthful, non-triumphalist remembering described above (Volf, 2006).

Third, providential trust. What is accepted is received not as a brute impersonal fact but into the hands of a faithful God whose ordering may be hidden under its opposite. This converts acceptance from resignation before an indifferent cosmos into trust before a personal Father, while the doctrine of hiddenness, developed above, forbids the trust from curdling into the claim that God authored the evil.

Fourth, vocational orientation. Acceptance is never terminal. One accepts what cannot be changed precisely in order to be freed for faithful action in one's callings, love of the actual neighbor, the work actually at hand. This is ACT's values-based commitment, read as a Lutheran vocation, and it supplies the forward telos the Zen-based model lacks. Two voices deepen the point. Frankl (1946/2006), writing from the far side of the death camps, observed that when a situation cannot be changed the last and inalienable freedom is the attitude one takes toward it, and that meaning can be found in unavoidable suffering through the stance one adopts and the response one still owes, a witness that converges with vocation's insistence that even constrained lives are addressed by a call. Nouwen (1972) carries the same movement into ministry: the

wound one has accepted does not disqualify service but can become its very site, so that acceptance of one's own brokenness opens, rather than forecloses, the capacity to be present to another's. Accepted woundedness, on this reading, is not passivity but the precondition of a particular vocation.

Operationally, cruciform acceptance also inherits the guardrails identified in the doctrinal analysis. It is kept in the left-hand kingdom and never preached as Gospel; it is never made a condition of God's acceptance of the person; and it always preserves the moral evaluation of the reality as a separate act, so that accepting that a harm occurred never slides into approving it.

The Wayfarer and the Cross

The model gains depth from Warren Kinghorn's (2024) account of the human person. Against the tacit machine model of modern care, Kinghorn proposes a wayfarer model grounded in Thomas Aquinas and organized around four affirmations: that we are known and loved by God, that we are creatures of earth formed in community, that we are wayfarers on a journey toward our end, and that we are called not to control but to wonder, love, praise, and rest. Two of these bear directly on acceptance. The summons not to control names precisely what radical acceptance enacts, the release of the exhausting demand that reality submit to one's will, while the image of the wayfarer supplies the forward orientation the Zen model lacks: the traveler accepts the terrain of the present mile because she is going somewhere, toward what Kinghorn calls the Lord's feast. Acceptance, in this picture, is never terminal; it is what frees the wayfarer to keep walking.

This convergence requires one careful qualification, and making it is itself instructive. Kinghorn's framework is Thomistic and teleological, and Confessional Lutheran theology has long been wary of Aristotelian-Thomist teleology, which Luther associated with the theology of

glory, a ladder of virtue ascended toward God. The wayfarer model must therefore be received in a Lutheran key. The end toward which the wayfarer travels is received by grace, not achieved by ascent; the traveler is already *simul iustus et peccator*, already arrived in Christ even while still on the road; and the call not to control but to rest is, for the Lutheran, the rest of faith in an alien righteousness rather than the repose of completed virtue. Held this way, Kinghorn's wayfarer does not smuggle in works-righteousness; it gives cruciform acceptance a destination, while the theology of the cross keeps the journey honest, and grace keeps it from becoming a climb.

Empirical Warrant for Integration

A reasonable objection to any faith-integrated intervention is that it might trade clinical rigor for piety. The empirical record suggests otherwise. Decades of research synthesized by Koenig and colleagues link religious involvement to lower rates of depression and anxiety, better coping with illness and adversity, greater well-being, and, among religious patients, faster remission from depression (Koenig et al., 2012). More directly, the integration proposed in this paper belongs to a class of approaches that have already been built and tested. Religiously integrated cognitive behavioral therapy (RCBT) re-grounds the standard techniques of an evidence-based protocol in the client's own religious beliefs, practices, and resources (Pearce et al., 2015). In a randomized trial for major depression in patients with chronic medical illness, RCBT produced outcomes comparable to conventional CBT overall, with a modest advantage among the more religious participants, who also adhered to it somewhat more readily (Koenig et al., 2015). The lesson is not that a religious frame is superior in general, but that integrating an evidence-based method into a client's faith need not cost effectiveness and may improve engagement for those whose faith is central to how they make sense of their lives. Cruciform

acceptance is, in this light, not a speculative hybrid but a particular, theologically disciplined instance of a validated strategy.

The outcome record behind this class of approaches is more specific than a general appeal to religion and health, and naming its texture matters for any claim that a faith-integrated acceptance is “evidence-based.” In their review and description of religion-adapted techniques, de Abreu Costa and Moreira-Almeida (2021) catalog how randomized trials have re-grounded standard CBT components (cognitive restructuring, psychoeducation, behavioral activation) in clients’ religious values and practices, and note that across these trials religion-adapted CBT has generally matched or modestly exceeded conventional CBT on depression and anxiety outcomes for religious patients. The acceptance-specific evidence reviewed earlier fits this pattern: a brief radical-acceptance protocol produced durable reductions in stress, depression, and emotion-regulation difficulty in a randomized trial (Segal et al., 2025a), and radical acceptance functioned as an effective standalone emotion-regulation strategy in experimental comparison (Segal et al., 2025b), findings that locate the skill’s active ingredient outside any single tradition’s metaphysics. Client-side data point the same direction: in a mixed-methods study of 190 Christians entering spiritually integrated psychotherapy, Currier et al. (2022) found that how clients represented and attached to God was bound up with their psychological and spiritual functioning, with benevolent representations associated with better outcomes, an empirical correlate of the providential reframe this paper commends, in which the reality accepted is received into the hands of a trustworthy God rather than read as a verdict of rejection. Two cautions discipline these encouragements. First, much of the strongest acceptance evidence still concerns full DBT or ACT packages rather than acceptance in isolation, and the religion-and-health correlations carry the usual risks of confounding. Second, this convergence should not be

misread as endorsing the pragmatic logic of religious adaptation as such. Religion-adapted CBT characteristically adds religious content to a protocol whose anthropology and telos remain unaltered; the present proposal is more demanding, holding that because no practice is metaphysically neutral, the work is not to add Christian content to a borrowed skill but to re-narrate the skill within a Christian account of the person and her end. That is why a theology-of-the-cross frame is needed beyond the addition of religious material: it supplies the very anthropology and telos that a merely additive adaptation leaves in place.

Practical Implications for Counseling

From the cross-shaped center, the argument now flows outward into practice. The model is not merely theoretical; it changes how a counselor works with the kinds of unchangeable suffering most often presented. The general clinical sequence follows the model's commitments in order: establish safety and the security of the client's standing before God before any push toward acceptance; authorize full and honest naming of the reality; hold that naming together with hope rather than against it; and orient the work toward faithful, valued action within the client's callings.

The model also yields a usable adaptation of Brach's RAIN. Its first three movements transfer intact: recognize what is present, allow it to be there without immediately fixing it, and investigate it honestly, the very Good-Friday realism the theology of the cross authorizes. The fourth movement is where cruciform acceptance reframes the practice. Brach's nurturing step draws its comfort from contact with one's own basic goodness; the Christian counselor can keep the nurturing turn while relocating its source, so that the comfort comes not from discovering an innate wholeness but from the external word of a God who receives the sufferer in Christ. The client is nurtured *from without* rather than from within: the care is given, not generated.

Doing this work well also has procedural requirements that the research literature has clarified. Koenig and colleagues (2012) recommend that clinicians take a brief spiritual history, learning what the client believes, how central it is, and what spiritual resources and struggles are present, and then support the client's own faith commitments rather than imposing the counselor's. For a Christian client whose faith is load bearing, this means working within her tradition's actual categories rather than a generic spirituality, and it is precisely what allows radical acceptance to be reframed through providence, the cross, and hope rather than through a metaphysics she does not hold.

Finally, the model is not a solitary exercise. If shame is healed by being known (Thompson, 2015), then cruciform acceptance is practiced most fully within the community of the church and its means of grace, confession and absolution, where the external word of forgiveness is spoken aloud over the penitent, and the Lord's Supper, where one is received bodily. The counselor helps the client accept in private what the church declares in public.

Grief. Cruciform acceptance allows the griever to acknowledge the loss completely, resisting the pressure, sometimes religiously framed, to move quickly to consolation, while holding the loss within resurrection hope and a continuing bond. Acceptance here is not letting go of the person but accepting the altered reality of the relationship to them, oriented toward continued faithful living.

Trauma. With trauma, the guardrails are paramount. Safety and stabilization precede acceptance work (Herman, 1992/2015); the client accepts that the event occurred while the counselor and client together name it as the evil it was, never affirming it. The theology of the cross assures the survivor that God was not absent from the suffering, and DBT-PTSD evidence indicates that radical acceptance of the traumatic event is itself an achievable and clinically

meaningful outcome (Görg et al., 2019). Volf's (2006) reflection on remembering rightly is pertinent here: the goal of trauma work is neither to erase the memory nor to enshrine it, but to remember truthfully in a way that does not bind the survivor forever to the wrong done. Some trauma, moreover, is not only fear-based but moral. Kinghorn (2012) describes moral injury, the wound of having acted, or having been made complicit, against one's deepest convictions, as a reality that exceeds the medical model and its means-end logic of technique, calling instead for truthful narration and communal practices of repair. For such wounds, radical acceptance of what occurred is necessary but radically insufficient: the moral injury is met not by tolerating distress but by confession, absolution, and the slow restoration of moral fellowship. This is the clearest case in which acceptance must hand off to the means of grace.

Chronic illness. Where cure is not available, acceptance reduces the secondary suffering of the struggle against the body's limits and frees up energy to live well within them, an application in which ACT's evidence in chronic pain is directly relevant (Trindade et al., 2021). Providential trust and eschatological hope reframe the body's decline as real but not final, and Frankl's (1946/2006) insistence that meaning remains available even where circumstances cannot be changed gives the patient a vocation within the illness rather than merely against it.

Anxiety. Anxiety often involves a refusal to accept uncertainty and the limits of one's control. Cruciform acceptance pairs the acceptance of uncontrollable outcomes with trust in providence, loosening the white-knuckled demand for guarantees while directing the client toward the next faithful action rather than toward the impossible project of securing the future.

Interpersonal conflict. In conflict, acceptance of the other person as they actually are, rather than as one wishes them to be, clears the ground for genuine engagement, while the distinction between accepting and approving allows one to accept the reality of another's

behavior without endorsing it. Held together with the call to love the actual neighbor, acceptance becomes the entry point to reconciliation rather than capitulation.

Limitations and Areas of Theological Concern

Several cautions remain. The most serious is the recurring temptation to preach acceptance as Gospel, to imply that peace is earned by accepting well enough, which converts a creaturely skill into a new and crushing Law. A second concern is the residual Buddhist soteriology that can travel with the language if the counselor is not deliberate, most pointedly Brach's (2003) account, in which the cure for unworthiness is the discovery of an innate basic goodness, an anthropology a Confessional Lutheran cannot affirm; the metaphysics must be consciously replaced with justification, not merely left unspoken. A third is the genuine risk, especially in trauma, of using acceptance prematurely or as a tool of pacification, counseling acceptance of conditions that ought to be resisted and changed; the distinction between accepting and approving, the priority of safety, and the limit set by horrendous evil and moral injury are the safeguards here. The empirical base also warrants modesty: while radical acceptance as a standalone skill is increasingly supported (Segal et al., 2025a, 2025b), much of the strongest evidence concerns full DBT or ACT packages rather than acceptance in isolation, and the integration model proposed here is conceptual and awaits its own outcome research. The empirical case for integration carries its own temptation. Because religious involvement is associated with better health, it is easy to slide into commending faith as a wellness technique (believe because it pays), which inverts the Gospel and repeats, in another key, the error of preaching acceptance as Law. The two-kingdoms distinction holds the line: the benefits documented by Koenig and colleagues (2012) are real left-hand-kingdom goods, but they are not why the Gospel is true, and a counselor who recommends faith for its outcomes has quietly

changed its object. Religion-and-health literature also warrants the usual caution about correlation and confounding. A further area of theological concern is the one flagged in the model: the wayfarer anthropology that gives cruciform acceptance its forward orientation is borrowed from a Thomistic, teleological frame that a confessional reading must keep firmly subordinate to grace, lest the journey toward one's end quietly become the theology of glory the cross was meant to expose (Kinghorn, 2024). Consistency, finally, demands that the hermeneutic of suspicion turned on the cognitive-behavioral therapies be turned on this model as well: cruciform acceptance is itself a formative practice with a telos, and the question of which desire it trains (Smith, 2009) is one its practitioners must keep asking of themselves, not only of others. The model is offered as one faithful path, not the only one; counselors should hold it with the same provisionality the theology of the cross commends, ready to call the thing what it is, including the limits of the model itself.

Conclusion

Radical acceptance arrives in the Christian counselor's office trailing a Zen genealogy that can make it appear, at first, to be a rival faith in clinical disguise. On examination, however, its core is a portable and increasingly well-evidenced psychological skill: the complete, honest acknowledgment of unchangeable reality, which interrupts the secondary suffering generated by refusal. That the skill cannot be reduced to a metaphysically neutral core is not a defeat for integration but its starting point: every practice forms desire toward some end, and the task is to supply the right one. Read through Confessional Lutheran doctrine, the skill turns out to have surprisingly deep roots in the tradition's own soil. The realism it requires is licensed by the theology of the cross; the dialectical holding of acceptance and change is the formal shape of the *simul*; the object of acceptance is reframed by providence and disciplined by the doctrine of

God's hiddenness; its forward orientation is supplied by vocation; and its horizon is opened by resurrection hope. What must be declined is not the technique but the Zen soteriology, and that can be re-narrated rather than borrowed. The proposed model of cruciform acceptance gathers these commitments (Good-Friday realism, Easter hope, providential trust, and vocational orientation) into a posture that is at once clinically effective and theologically faithful.

Acceptance, so understood, is not resignation before an indifferent world but trust before a faithful God: the full acknowledgment of what is, held open toward what will be, and lived out in love of the neighbor at hand.

Several questions remain open, and candor requires naming them. The argument advanced here presupposes that a practice can be separated from its formative origins and redirected toward a new end; whether that separation can ever be total, whether some residue of a practice's original telos persists in its very form, remains contested, and the historical cases of Christian re-narration offered above establish possibility rather than guarantee. Nor has it been demonstrated empirically that a cruciform reframing of acceptance yields therapeutic or spiritual outcomes distinguishable from those of its Buddhist counterpart; that is a question for research rather than for argument, and it awaits instruments sensitive enough to detect the difference. A first study could be specified now: a comparative trial enrolling Christian clients facing an unchangeable stressor (chronic illness, bereavement, or trauma) and randomizing them between a standard radical-acceptance protocol and a cruciform adaptation, measuring not only symptom change on established instruments but also distinctly spiritual outcomes such as positive and negative religious coping, attachment to God, and Scripture engagement, on the mixed-methods and randomized designs already used to evaluate radical acceptance as a discrete skill (Currier et al., 2022; Pargament, 1997; Segal et al., 2025a, 2025b). The model proposed in these pages is

therefore best understood as a conceptual framework inviting test, not a settled result. If it is sound, its value will lie less in having closed the question than in having specified, clearly enough to be examined and where necessary corrected, what a distinctively Christian acceptance would require.

References

- Adams, M. M. (1999). *Horrendous evils and the goodness of God*. Cornell University Press.
- Augustine. (1997). *On Christian teaching* (R. P. H. Green, Trans.). Oxford University Press.
(Original work published ca. 397-426)
- Bayer, O. (2008). *Martin Luther's theology: A contemporary interpretation* (T. H. Trapp, Trans.). Eerdmans. (Original work published 2003)
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. Guilford Press.
- Bodhi, B. (2005). *In the Buddha's words: An anthology of discourses from the Pāli Canon*. Wisdom Publications.
- Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. Bantam Books.
- Brach, T. (2019). *Radical compassion: Learning to love yourself and your world with the practice of RAIN*. Viking.
- Browning, D. S., & Cooper, T. D. (2004). *Religious thought and the modern psychologies* (2nd ed.). Fortress Press.
- Carey, B. (2011, June 23). Expert on mental illness reveals her own fight. *The New York Times*.
<https://www.nytimes.com/2011/06/23/health/23lives.html>
- Currier, J. M., Stevens, L. T., Hinkel, H. M., Davis, E. B., & Park, C. L. (2022). Understanding religious attachment among Christians seeking spiritually integrated psychotherapies: A mixed methods study. *Journal of Clinical Psychology*, 78(5), 758-771.
<https://doi.org/10.1002/jclp.23258>

- de Abreu Costa, M., & Moreira-Almeida, A. (2021). Religion-adapted cognitive behavioral therapy: A review and description of techniques. *Journal of Religion and Health*, 61(1), 443-466. <https://doi.org/10.1007/s10943-021-01345-z>
- Entwistle, D. N. (2015). *Integrative approaches to psychology and Christianity: An introduction to worldview issues, philosophical foundations, and models of integration* (3rd ed.). Cascade Books.
- Forde, G. O. (1997). *On being a theologian of the cross: Reflections on Luther's Heidelberg Disputation, 1518*. Eerdmans.
- Frankl, V. E. (2006). *Man's search for meaning*. Beacon Press. (Original work published 1946)
- Fronsdal, G. (Trans.). (2006). *The Dhammapada: A new translation of the Buddhist classic with annotations*. Shambhala.
- Gethin, R. (1998). *The foundations of Buddhism*. Oxford University Press.
- Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. Routledge.
- Görg, N., et al. (2019). Changes in trauma-related emotions following treatment with dialectical behavior therapy for posttraumatic stress disorder after childhood abuse. *Journal of Traumatic Stress*, 32. [Complete author list and page range to be added from source.]
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.
- Hegel, G. W. F. (1977). *Phenomenology of spirit* (A. V. Miller, Trans.). Oxford University Press. (Original work published 1807)
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence, from domestic abuse to political terror*. Basic Books. (Original work published 1992)

- Hilton, D. C. (2024). ACT like a Christian: A primer on Acceptance and Commitment Therapy through the lens of a Christian worldview. *Journal of Psychology and Christianity*.
[Volume, issue, and page numbers to be confirmed.]
- Johnson, E. L. (Ed.). (2010). *Psychology and Christianity: Five views* (2nd ed.). IVP Academic.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Delacorte Press.
- Kinghorn, W. A. (2012). Combat trauma and moral fragmentation: A theological account of moral injury. *Journal of the Society of Christian Ethics*, 32(2), 57-74.
<https://doi.org/10.1353/sce.2012.0041>
- Kinghorn, W. A. (2024). *Wayfaring: A Christian approach to mental health care*. Eerdmans.
- Knabb, J. J. (2016). *Acceptance and commitment therapy for Christian clients: A faith-based workbook*. Routledge.
- Knabb, J. J. (2023). *Faith-based ACT for Christian clients: An integrative treatment approach* (2nd ed.). Routledge.
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.
- Koenig, H. G., Pearce, M. J., Nelson, B., Shaw, S. F., Robins, C. J., Daher, N. S., Cohen, H. J., Berk, L. S., Bellinger, D. L., Pargament, K. I., Rosmarin, D. H., Vasegh, S., Kristeller, J., Juthani, N., Nies, D., & King, M. B. (2015). Religious vs. conventional cognitive behavioral therapy for major depression in persons with chronic medical illness: A pilot randomized trial. *The Journal of Nervous and Mental Disease*, 203(4), 243-251.
<https://doi.org/10.1097/NMD.0000000000000273>

- Kolb, R. (2012). *Luther and the stories of God: Biblical narratives as a foundation for Christian living*. Baker Academic.
- Kolb, R., & Wengert, T. J. (Eds.). (2000). *The Book of Concord: The confessions of the Evangelical Lutheran Church*. Fortress Press.
- Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., Hayes, R., Huijbers, M., Ma, H., Schweizer, S., Segal, Z., Speckens, A., Teasdale, J. D., Van Heeringen, K., Williams, M., Byford, S., Byng, R., & Dalglish, T. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: An individual patient data meta-analysis from randomized trials. *JAMA Psychiatry*, 73(6), 565-574. <https://doi.org/10.1001/jamapsychiatry.2016.0076>
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.
- Linehan, M. M. (2015). *DBT skills training manual* (2nd ed.). Guilford Press.
- Linehan, M. M. (2020). *Building a life worth living: A memoir*. Random House.
- Luther, M. (1957). Heidelberg Disputation. In H. J. Grimm (Ed.), *Luther's works* (Vol. 31, pp. 35-70). Muhlenberg Press. (Original work published 1518) [Edition and pagination to be verified.]
- Luther, M. (1957). *The bondage of the will* (J. I. Packer & O. R. Johnston, Trans.). Fleming H. Revell. (Original work published 1525)
- Macri, J. A., et al. (2024). Examining domains of psychological flexibility and inflexibility as treatment mechanisms in acceptance and commitment therapy: A comprehensive systematic and meta-analytic review. *Clinical Psychology Review*. [Complete author list, volume, and page range to be added from source.]

- McMain, S. F., et al. (2022). The effectiveness of 6 versus 12 months of dialectical behavior therapy for borderline personality disorder: A noninferiority randomized clinical trial. *Psychotherapy and Psychosomatics*, 91. [Complete author list and page range to be added from source.]
- McMinn, M. R. (2011). *Psychology, theology, and spirituality in Christian counseling* (Rev. ed.). Tyndale House.
- Moltmann, J. (1993). *The crucified God: The cross of Christ as the foundation and criticism of Christian theology* (R. A. Wilson & J. Bowden, Trans.). Fortress Press. (Original work published 1973)
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101. <https://doi.org/10.1080/15298860309032>
- Nhat Hanh, T. (1998). *The heart of the Buddha's teaching: Transforming suffering into peace, joy, and liberation*. Broadway Books.
- Niebuhr, H. R. (1951). *Christ and culture*. Harper & Row.
- Nouwen, H. J. M. (1972). *The wounded healer: Ministry in contemporary society*. Doubleday.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, and practice*. Guilford Press.
- Pearce, M. J., Koenig, H. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J., & King, M. B. (2015). Religiously integrated cognitive behavioral therapy: A new method of treatment for major depression in patients with chronic medical illness. *Psychotherapy*, 52(1), 56-66. <https://doi.org/10.1037/a0036448>
- Pinkard, T. (1994). *Hegel's Phenomenology: The sociality of reason*. Cambridge University Press.

- Polischuk, P., & Kang, H. M. S. (2020). From text to therapy: Dealing with anxiety conceptual integration based on Philippians 4:5-9. *Journal of Psychology and Theology*, 48(4), 292-307. <https://doi.org/10.1177/0091647120907980>
- Rennebohm, S. B., & Thoburn, J. W. (2021). Incarnational psychotherapy: Christ as the ground of being for integrating psychology and theology. *Pastoral Psychology*, 70(2), 179-190. <https://doi.org/10.1007/s11089-021-00940-x>
- Rahula, W. (1974). *What the Buddha taught* (Rev. ed.). Grove Press. (Original work published 1959)
- Segal, O., et al. (2025a). A randomized controlled trial of an online dialectical behavior therapy skills intervention for war-related distress. *Journal of Consulting and Clinical Psychology*. Advance online publication. [Complete author list, volume, and page range to be added from source.]
- Segal, O., et al. (2025b). The benefits of radical acceptance of reality as a standalone strategy for emotion regulation. *Current Psychology*. [Complete author list, volume, and page range to be added from source.]
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). Guilford Press.
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. <https://doi.org/10.1037/0003-066X.55.1.5>
- Sisemore, T. A. (2014). Acceptance and commitment therapy: A Christian translation. *Christian Psychology*, 8(2), 6-16.

- Smith, J. K. A. (2009). *Desiring the kingdom: Worship, worldview, and cultural formation*. Baker Academic.
- Smith, J. K. A. (2016). *You are what you love: The spiritual power of habit*. Brazos Press.
- Stewart, J. (Ed.). (1996). *The Hegel myths and legends*. Northwestern University Press.
- Strawn, B. D. (n.d.). Desiring a kingdom: The clinical implications of James K. A. Smith's theological anthropology. [Journal title, year, volume, and page numbers to be verified from source.]
- Sverre, K. T., et al. (2022). Comparing the efficacy of mindfulness-based therapy and cognitive-behavioral therapy for depression in head-to-head randomized controlled trials: A systematic review and meta-analysis of equivalence. *Clinical Psychology Review*. [Complete author list, volume, and page range to be added from source.]
- Symington, S. H., & Symington, M. F. (2012). A Christian model of mindfulness: Using mindfulness principles to support psychological well-being, value-based behavior, and the Christian spiritual journey. *Journal of Psychology and Christianity*, 31(1), 71-77.
- Taylor, C. (1975). *Hegel*. Cambridge University Press.
- Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68(4), 615-623. <https://doi.org/10.1037/0022-006X.68.4.615>
- Thompson, C. (2015). *The soul of shame: Retelling the stories we believe about ourselves*. InterVarsity Press.

- Trindade, I. A., et al. (2021). Efficacy of online-based acceptance and commitment therapy for chronic pain: A systematic review and meta-analysis. *The Journal of Pain*, 22. [Complete author list and page range to be added from source.]
- Volf, M. (2006). *The end of memory: Remembering rightly in a violent world*. Eerdmans.
- Walther, C. F. W. (1929). *The proper distinction between law and gospel* (W. H. T. Dau, Trans.). Concordia Publishing House. (Original work published 1897)
- Wingren, G. (2004). *Luther on vocation* (C. C. Rasmussen, Trans.). Wipf & Stock. (Original work published 1957)
- Zeifman, R. J., et al. (2020). The independent roles of mindfulness and distress tolerance in treatment outcomes in dialectical behavior therapy skills training. *Personality Disorders: Theory, Research, and Treatment*, 11. [Complete author list and page range to be added from source.]