

**Balancing Self-Compassion with Self-Advocacy:
A New Approach for Persons with Disabilities**

Susan Stuntzner, PhD
Michael T. Hartley, PhD

Abstract

Self-advocacy and self-compassion are not typically seen as related concepts, or as skills made more valuable when put together. Learning to self-advocate can be a challenging task for many persons with disabilities. Often, people are not afforded access to information on how to advocate for themselves, and as a result, many must struggle to figure out if, when, and how to self-advocate. In an effort to change

this trend, this article argues that self-compassion can empower people to advocate for themselves, while also reinforcing the message that individuals do not need to be rescued and are not victims of their environments. Learning to self-advocate is a complex process, and this article provides information on self-advocacy, self-compassion, and the potential these can generate when combined.

Keywords: compassion, self-advocacy, counseling, disability, rehabilitation

Introduction

Self-advocacy and self-compassion, although discussed throughout professional literature, are two skills that have not been seen as parts of an integrative approach to becoming an effective self-advocate. Of the two terms, self-advocacy is probably more well-known in relation to the needs of individuals with disabilities. Self-advocacy is where individuals “learn how to advocate on their own behalf rather than letting others advocate for them” (Chan, Brophy, & Fisher, 1981). Self-advocacy is a familiar concept to professionals who educate, work with, or counsel individuals with disabilities and has a strong legacy in regard to foundational and legislative movements (Rubin & Roessler, 2008). In fact, the disability rights movement emerged as a part of the historical development of self-advocacy by individuals with disabilities (Hartley, 2012). Further, self-advocacy is recognized as an essential skill for individuals with disabilities seeking to address their needs within the educational system and/or as a part of their adult lives (Fabian, 2007; Vash, 1991).

On the other hand, self-compassion is a relatively new concept that has begun to emerge in the psychological profession; and yet, it has not been applied to, or considered a valuable skill or component related to, self-advocacy (Stunzner, 2014). Despite its lack of application, self-compassion is compelling. It reinforces an underlying message that individuals do not need to be rescued and are not victims of their environments. Related to the concept of empathy and emotional self-regulation, the notion of self-compassion is deeply complex and comprised of the ability to: (a) recognize one’s own hurts and difficulties, (b) treat one’s self with kindness, love, and compassion while going through challenging events, (c) be less self-critical when life events do not go as planned, and (d) to forgive one’s self for not being perfect despite expectations placed upon him or her by others (Neff, 2003a, 2011). Specifically, Neff (2012) defines self-compassion as the process of reducing negative thoughts and emotions to resume a more peaceful way of life through kindness, generosity, patience, and love. In essence, self-compassion involves the willingness to be moved by the emotional pain of others and one’s self. Importantly, self-compassion is a skill that can be taught – similar to the process of learning self-advocacy – and has demonstrated promising

results as a means of reducing negative thoughts, feelings, and reactions to difficult or challenging life events (Neff, 2011). Of additional interest is the fact that individuals with higher levels of self-compassion appear to be more engaged in the decision-making processes and outcomes taking place within their lives when compared to individuals with lower levels of self-compassion (Neff, Hsieh, & Djitterat, 2005). Given what is currently known about self-compassion, and its ability to influence the ways people cope and interpret difficult events (Terry & Leary, 2011), self-compassion should be viewed as a skill that can be applied to empowering individuals with disabilities.

Historically, inaccessible environments and negative social attitudes have devalued and restricted the lives of people with disabilities (Baynton, 2001). During the 19th and 20th centuries, U.S. laws, commonly known as the “Ugly Laws,” restricted the public appearance of individuals with physical disabilities, as the disabled were considered offensive and frightening (Schweik, 2009). In response, disability activism has existed for centuries. For instance, since the 18th century, the deaf community has campaigned to protect sign as an authentic language and sought political and economic support for signing schools in Europe and America, including Gallaudet University (Lane, 1984). Further, as early as the 1940s the blind community rallied to form a political lobby in the United States (Matson, 1990). Countless other disability-specific groups, such as individuals with physical disabilities (Longmore & Goldberger, 2003), cognitive and learning disabilities (Trent, 1994), and psychiatric disabilities (Beers, 1908), have fought long and hard for inclusion in education, employment, and community living.

Despite a long history of disability activism, it can be hard for those with disabilities to learn to self-advocate, and depending on the nature of the attitudes and environmental problems, self-compassion is critical in responding to negative feelings of isolation and anger (Hardiman, Jackson, & Griffin, 2007; Ratts & Hutchins, 2009). The benefit of examining the intersection of self-advocacy and self-compassion is that advocacy focuses on creating environmental change, while compassion focuses on intrapsychic change within the individual. In some cases, environmental change is unsuccessful, and therefore it is important to focus on individual, intra-

psychic change. Self-compassion may reduce the emotional and mental impact of these negative experiences.

The following sections review the foundation of self-advocacy, explore the relevance of self-advocacy to disability, and discuss the value of self-compassion supported by research. Such information provides a framework for connecting self-compassion to self-advocacy so that persons with disabilities can learn to how to be kinder, gentler, and more accepting and forgiving of themselves (Neff, 2003a; 2011), especially in regard to getting their own needs met.

Understanding and Conceptualizing Self-Advocacy

Self-advocacy is essential in achieving the best life possible (Vash, 1991). As a term, self-advocacy was initially used in relation to the needs of individuals with intellectual or cognitive disabilities, and used synonymously with 'self-determination' (Sebag, 2010). Over time, however, it evolved to encompass the needs of all individuals with disabilities. Regardless of age or disability type, self-advocacy is an invaluable life skill.

Self-advocacy is a 'developed ability' comprised of specific skills that can be learned, formally or informally, through a number of venues (i.e., support groups, IEPs). Some of the specific skills discussed throughout the literature include: (a) having an accurate understanding of one's disability (Schreiner, 2007); (b) knowing one's personal strengths, limitations, and abilities (Crethar, Rivera, & Nash, 2008; Doll, Sands, Wehmeyer, & Palmer, 1996); (c) being aware of the services or accommodations needed (Milsom & Hartley, 2005); (d) understanding the importance of standing up for what one needs in relation to the disability (Test, Aspel, & Everson, 2006); and (e) communicating effectively the services or products needed (Chan et al., 1981; White, Thompson, & Nary, 1997). Individuals with disabilities who know how to self-advocate can state and negotiate their individualized needs across settings: educational, employment, vocational, medical, and social. Self-advocacy is empowering (Goodley, 2005; Vash, 1991), and knowing how to acquire all necessary services or products enables the disabled to have full inclusion and participation in life activities.

Barriers in Cultivating Self-Advocacy

Much of the existing research focuses on the necessity of teaching students with disabilities self-advocacy skills, particularly students with learning disabilities or students who are transitioning from high school to adult life (Beart, 2005; Gil, 2007; McCarthy, 2007; Test, Fowler, Wood, Brewer, & Eddy, 2005; Wehmeyer, 1992). Teaching students with disabilities to be advocate for themselves is important, but such a focus tends to neglect adults with disabilities who may not have been born with a disability or who did not receive self-advocacy training while in school. Research and conceptual models for assisting adults with disabilities in learning how to self-advocate appear to be minimally discussed or absent throughout the literature. When self-advocacy is referenced, it is typically presented as a necessary skill but is not accompanied by information on learning to self-advocate. It is important to approach the development of self-advocacy and the existence of barriers from a more inclusive standpoint.

Some barriers to self-advocacy are specific while others represent a more general and global experience. For instance, some may find it difficult to self-advocate because of personal fears relating to disclosing information about their disabilities and by exposing themselves to the possibility of negative reactions (Waller, 2004). Such concerns are valid because it requires opening one's self up to others and risking not being listened to (Nakashima, Chapin, MacMillan, & Zimmerman, 2004), being labeled or categorized (Beart, 2005), or being told they do not need the requested service or accommodation. Negative reactions can feel personally invalidating, disempowering, and frightening, especially when they are associated with rejection (Beart, Hardy, & Buchan, 2004). Furthermore, when outcomes are negative, persons with disabilities who have not yet learned how to effectively handle and process such events run the risk of internalizing these reactions. It is easy to imagine an individual believing he or she should have been a better self-advocate, when in reality, that person may have been extremely effective in coping with a challenging and difficult life situation.

Related to these specific barriers are those created, unintentionally, by well-meaning family members and professionals. Often, parents, teachers, and professionals working with students with disabilities do too much and inadvertently deprive students of the opportunity to learn how to self-advocate (Gil, 2007; McCarthy, 2007; Test et al., 2005). Similarly, well-intentioned parents and other adults may place too much pressure on the outcome of self-advocacy rather than defining and better supporting social and emotional needs during the transition to becoming a self-advocate. As a result, many do not learn the ways to self-advocate, ask for what they need, provide information and support to back up requests, or how to handle situations that turn out differently than hoped for (McCarthy, 2007).

Finally, some persons with disabilities may experience barriers in a more global sense. First is the reality that learning to self-advocate is a process, and one that can be overwhelming (Nakashima et al., 2004). Learning to self-advocate takes time, and individuals approach this process with different levels of personal insight and understandings of their disabilities and needs, and with varying abilities to navigate systems, entities, and agencies. Knowing how to sort out who can and will provide what service can be a challenge, particularly to people who are new to the process of self-advocacy. Second, some persons with disabilities may not perceive themselves to have a disability, and therefore, they do not feel there is a need to learn how to self-advocate. As a result, they may pass up opportunities to acquire this skill until a major event requires it.

Relevance of Self-Advocacy to Disability

During the 1970s disability rights movement, the concept of self-advocacy emerged as a way for an individual with a disability to “exert maximum control over his/her own life, while developing a positive self-concept and confidence that this control will be continuous and replicable” (Brophy, Chan, & Mar, 1974, p. 41). For instance, Ed Roberts, a founder of the disability rights movement, exercised his right to participate in society and attend college during the 1970s when very few people with disabilities lived independently in the community, let alone attended college (Shapiro, 1993). History tells us that social movements often have emerged when

individuals exercised their civil rights within the context of their own lives, and Roberts’ self-advocacy efforts were a catalyst for the disability rights movement (Hartley, 2012; Shapiro, 1993).

Attitudes toward individuals with disabilities have improved; however, people with disabilities are often subject to less humane treatment than people who do not have disabilities (Longmore&Umansky, 2001). Many people encounter attitudinal, employment, learning, medical/professional, societal, and environmental barriers – all of which have the ability to prevent them from participating in life to the fullest extent (Smart, 2009). These barriers reveal the need for persons with disabilities to become skilled-advocates. People who are not able to self-advocate often rely on professionals or family members to assist them. Regardless of who is doing the actual advocating, those involved must understand its value so that persons with disabilities can achieve the best quality of life possible – one that includes full inclusion and integration.

Self-advocating can help persons with disabilities learn how to (a) effectively deal with their disabilities; (b) be knowledgeable about accommodations and seek them when they are needed (Walker & Test, 2011); (c) communicate with others about what it is they require for educational, employment, medical, or independent living concerns (Walker & Test, 2011); (d) navigate societal or professional misunderstandings and attitudes; (e) deal with discrimination and stigmatization (Waller, 2004); and (f) make decisions that can benefit them, especially when they experience additional barriers (i.e., denial of an accommodation request). The ways in which people learn these skills are likely to vary and evolve over time; however, the more adept persons with disabilities become, the easier it will be for them to self-advocate across settings and throughout their lives.

Perhaps the most obvious benefit is that it helps people fight discrimination and lack of access to services (Fabian, 2007; Waller, 2004). When people cope with and overcome oppression, through their ability to self-advocate, they learn to be more resilient (Goodley, 2005). Self-advocacy also teaches people to make positive decisions that influence events within their lives and to find their own voice (McCarthy, 2007).

An essential component of finding one's voice is knowing how to disclose relevant information about one's disability in order to acquire services or accommodations (Gil, 2007). Other benefits include the opportunity for persons with disabilities to become more confident (Beart et al., 2004; Stalker, 1997), empowered (Gilmartin&Slevin, 2009; Fassett, 2002) and more active in their decision-making skills, and better able to reconstruct their self-concept (Beart et al., 2004).

Self-Compassion

Despite the benefits, learning to self-advocate may not be sufficient by itself. Persons with disabilities who learn how to self-advocate through trial and error and life experiences are often subject to (a) societal rejection, (b) people who tell them they do not need a service or a device or, even worse, to go someplace else, (c) societal messages, overt and covert, sometimes promoting the idea that it is not acceptable to speak up and advocate for quality services, or to (d) experiences that convey the message that they being too sensitive or too difficult. The possibilities of exposure to negative, hurtful, and discouraging comments are many. Some people may not have a well-developed sense of self when they start the self-advocacy process. As a result, experiences that do not turn out as planned or hoped for may be hurtful and upsetting. There has to be a better way to help people learn how to self-advocate. One such possibility is teaching people how to be self-compassionate (i.e., kind, patient, tolerant, and forgiving of themselves).

Self-compassion is a skill that can be taught to anyone regardless of his or her starting point (Neff, 2011). People who choose to practice self-compassion can reduce negative thoughts and emotions and self-regulate their own thoughts and feelings, as well as soothe or calm themselves when they feel upset or uncomfortable (Neff, 2011). People who practice self-compassion reduce their chances of engaging in negative thinking and rumination because they do not focus solely on themselves and their situations (Dali Lama, 2011). They cannot simultaneously be selfish as well as loving and tolerant. Furthermore, self-compassion provides people with an opportunity to disengage from self-critical thinking and judgment, both of which can lead to feelings of isolation and separation (Neff, 2011).

In addition, self-compassion can help people (a) feel less defensive (Terry & Leary, 2011), (b) be kinder to themselves (Leary, Tate, Adams, Allen, & Hancock, 2007), (c) consider and accept their role in negative events (Leary et al., 2007), (d) practice forgiveness (Stone, 2008), and (e) have a better outlook on life (Neff, 2003a; Neff et al., 2007b).

The study and promotion of self-compassion as a potential healing agent is possible due to the pioneering work of Neff (2003a; 20003b). Neff and colleagues (2003a; 2003b; 2005; 2007a; 2007b) brought the construct of self-compassion to the forefront of research and have begun to help professionals understand its value as a skill in alleviating negative thoughts and emotions and in promoting positive well-being. Despite this promising research, self-compassion has not yet been applied to persons with disabilities (Stuntzner, 2014).

Defining Self-Compassion

Self-compassion may come easier for some than others. Often, society expects people to deal with life as it unfolds and to somehow overcome difficult events and be resilient. Approaching life from this standpoint may cause people to forget that resilience is about overcoming adversity (Hartley, 2010; 2013), and a part of being human is pain and setbacks (Stone, 2008). While the specific details of peoples' situations may vary, the feelings pertaining to hurt, pain, and disappointment remain a common thread to which we can all connect. Furthermore, it is because of these common emotional and mental experiences that people have an innate desire to free themselves of pain and live more peacefully (Halifax, 2011). People who are able to face and address their pain and hurt through exercising kindness, generosity, patience, and love (Briere, 2012; Feldman &Kuyken, 2011; Neff, 2012) improve their chances of reducing negative thoughts and emotions and resume a more peaceful way of life.

According to Neff (2003a), self-compassion allows people to (a) be kinder to themselves when life events do not go as hoped for or intended, (b) accept themselves as they are, imperfections and all, (c) understand that all people experience hurt or pain at one time or another throughout life, and (d) to have the ability to experience, confront, and deal with one's pain or hurt without suppressing it. It is through this process of being

kinder and more gentle and tolerant with one's self that people are able to calm and soothe their thoughts and feelings. In addition, people are able to see their problems and pain in a more rational manner while not engaging in self-criticism when life becomes difficult (Leary, et al., 2007). Furthermore, Feldman and Kuyken (2011) indicate that self-compassion helps uncover people's negative beliefs that they may have absorbed from others or through experiencing continual failure or rejection.

Supporting Research

Studies demonstrate the utility of self-compassion in reducing (a) negative emotions such as anxiety and depression (Leary et al., 2007; Neff, 2003a; Neff et al., 2007a), (b) personal defensiveness and feelings of self-blame (Terry & Leary, 2011), (c) thought rumination (Neff, 2003a; Neff et al., 2007a), (d) self-criticism (Neff, 2003a) and (e) moderating people's reactions to negative or distressing events (Leary et al., 2007). Self-compassion has been found to be positively correlated with (a) life satisfaction (Neff, 2003a; Neff et al. 2007a); (b) optimism, happiness, and positive feelings (Neff et al., 2007b); (c) accurate self-appraisals and perspectives (Leary et al., 2007); (d) self-acceptance (Leary et al., 2007; Neff et al., 2007a); and (e) forgiveness (Neff & Pommier, 2012); and is negatively correlated with fear of failure (Leary et al., 2007).

Much of the earlier research focused on non-clinical samples; however, studies that may be relevant to the needs of persons with disabilities are starting to emerge. Of particular relevance are studies conducted among persons with schizophrenia (Eicher, Davis, & Lysaker, 2013) and persons dealing with musculoskeletal pain (Wren et al., 2012). More specifically, Eicher, Davis, and Lysaker (2013), in their study among persons with schizophrenia, report that people with high levels of personal insight into their disability tend to be more self-critical, experience increased social isolation, and are less self-compassionate.

Additionally, Wren and colleagues (2012) examined the relationship between self-compassion and adjustment to pain among persons with chronic musculoskeletal pain. Results from this study

indicated that people with more self-compassion reported fewer negative emotions and problems with catastrophizing, as well as greater positive effects. These findings show that self-compassion can be a means to coping with chronic pain among persons with musculoskeletal conditions.

Self-Advocacy

As mentioned, persons with disabilities experience numerous societal and attitudinal barriers simply because of their disabilities (Hartley, 2012). Spoken and unspoken messages about the disabled are often promoted by society (Stuntzner, 2012). In response to these societal messages, people are expected to (a) cope with their disabilities, (b) understand what it is they need because of their disabilities, (c) address personal and societal barriers, (d) learn to effectively self-advocate, (e) handle situations that do not go as hoped for, and (f) be resilient so they can move on with their lives. However, persons with disabilities are not given enough access to services, programs, training, or interventions to help them determine ways they can approach and tackle such expectations. Similarly, they typically are not exposed to approaches, such as self-compassion, as a means to help them moderate their emotional responses. As a result, some people may become frustrated, upset, or experience negative thoughts and feelings related to the societal injustices they experience (Harley, 2012; Stuntzner, 2012) and are not able to find their way forward.

One approach educators and professionals sometimes use to assist persons with disabilities is self-advocacy. As discussed above, self-advocacy is an essential skill for persons with disabilities to have, particularly given the expectations and environments where self-advocacy is needed (i.e., medical, educational, employment). Yet, persons with disabilities are not informed that successful self-advocacy necessarily means fair and just outcomes will be achieved (McCarthy, 2007). In addition, they are not encouraged to be patient with themselves and others while trying to learn how to self-advocate, nor are they taught skills to moderate unpleasant events.

Knowing how to incorporate such skills is valuable because the

process of learning to self-advocate is often uncomfortable and ambiguous. Some may find that the more they advocate and ask for what they need, the greater the number of barriers and negative attitudes experienced (Stuntzner & Dalton, 2014). Such experiences can cause people to feel disempowered or overwhelmed and perhaps blame others or society for their problems (Firestone, Firestone, & Catlett, 2003). Feelings of anger can cause people to not take further action unless they know how to extend compassion toward themselves and their feelings. It is through applying compassion to one's life that persons with disabilities are afforded the opportunity to use "adverse situations as a means to build inner strength and character" (Dali Lama, 2011, p. 17). Some people may also notice the ways self-compassion can serve as a buffer against stressful events (Leary et al., 2007).

Learning Self-Advocacy

In the following sections, self-advocacy skills relevant to the needs of persons with disabilities are reviewed, followed by a proposed self-advocacy model – one that integrates self-compassion into self-advocacy. Figure 1-1 illustrates this intersection by highlighting some of the attributes and components of both self-compassion and self-advocacy.

Persons with disabilities may learn how to self-advocate using a number of approaches and approaches are likely to vary based on the environment or context in which opportunities are offered. Students with disabilities may learn how to self-advocate as part of their Individualized Educational Plans (IEP) (Schreiner, 2007) or in the transition from school to the adult world (Gil, 2007). They may learn about self-advocacy through agency or community-based groups when a specific need has been identified (Gilmartin & Slevin, 2009). Still others, perhaps the majority, discover the need for self-advocacy from personal experiences. This occurs when people realize their disabilities call for certain services, accommodations, or products. However, many people do not receive information or training on how to effectively advocate and as a result may be unprepared when confronted with having to teach themselves.

The precise skills used and recommended vary based on self-advocacy model and intended population (i.e., learning disabilities).

Again, self-advocating is a process, and it is not one that most people simply do well, proficiently, or comfortably. Many may discover it gets easier over time and with repetition, and that it is helpful to have support and calming strategies. Persons with disabilities can enhance their self-advocacy skills by learning about their disabilities, their needs, and skills they can apply to a number of situations. Self-advocacy becomes possible when people:

- (a) learn as much information as possible about their disability and the ways it affects their lives (Schreiner, 2007; Walker & Test, 2011);
- (b) identify their personal strengths, weaknesses, coping skills, and level of resiliency (Doll et al., 1996; Fassett, 2002; Test et al., 2005);
- (c) determine which skills have worked well for them in the past and which may be used in relation to self-advocacy;
- (d) generate a list of life areas they have difficulty advocating for themselves (Schreiner, 2007; Sebag, 2010);
- (e) identify personal barriers that hinder them while trying to self-advocate;
- (f) strategize the ways they can enhance their ability to self-advocate;
- (g) learn about professionals, agencies, or services available to provide them with what they need (Schreiner, 2007);
- (h) practice, formally or informally, how to self-advocate (i.e., among friends and family, role play; Fassett, 2002; Hart & Brehm, 2013);
- (g) process their ability to emotionally handle challenging situations such as rejection and confrontation (Hart & Brehm, 2013; Walker & Test, 2011);
- (h) assess and reassess personal progress in learning how to effectively self-advocate (Sebag, 2010); and
- (i) reflect on the acquisition of personal benefits which have been achieved because of learning to self-advocate (Gilmartin & Slevin, 2009).

Not every item listed above will be necessary for every person. Some people may already have mastered certain abilities. The items are presented as tools for a greater process of learning and discovery that may occur in such a way where each skill builds upon the previous one. Conceptualizing self-advocacy as a process that consists of several skills can help people identify which items they perform well or not. Conceptualizing skills as a process helps people understand that learning to self-advocate evolves over time and is not a single event – and one or two skills may be the barriers preventing them from achieving self-advocacy.

While there is much to commend about self-advocacy education, there is a lack of attention to some of the emotional challenges in dealing with disabilities and disability-related experiences. We contend that learning self-compassion can deepen and improve one's abilities to self-advocate (see Figure 1-1).

Further Considerations

Since self-compassion and self-advocacy are ongoing and intersecting processes, the challenge for professionals may be in deciding which one to address first (Germer & Neff, 2013). Both require time, as people must learn the associated skills, refine them, apply these skills to their daily lives, and assess how well the skills are working. It is suggested that both be taught simultaneously (see Figure 1-1). What is important is that people be open to finding which approaches and exercises work best for them.

People wanting to learn more about self-compassion have several venues to choose from. They can read books and literature on the subject (i.e., see Germer, 2009; Neff, 2011), review websites on compassion and self-compassion (i.e., www.self-compassion.org), attend workshops and trainings on self-compassion, practice meditational exercises, and assess their own abilities to be compassionate. People can also refer to Neff's (2009) website: www.self-compassion.org to learn about further self-compassion resources, literature, research, training opportunities, and websites pertaining to self-compassion.

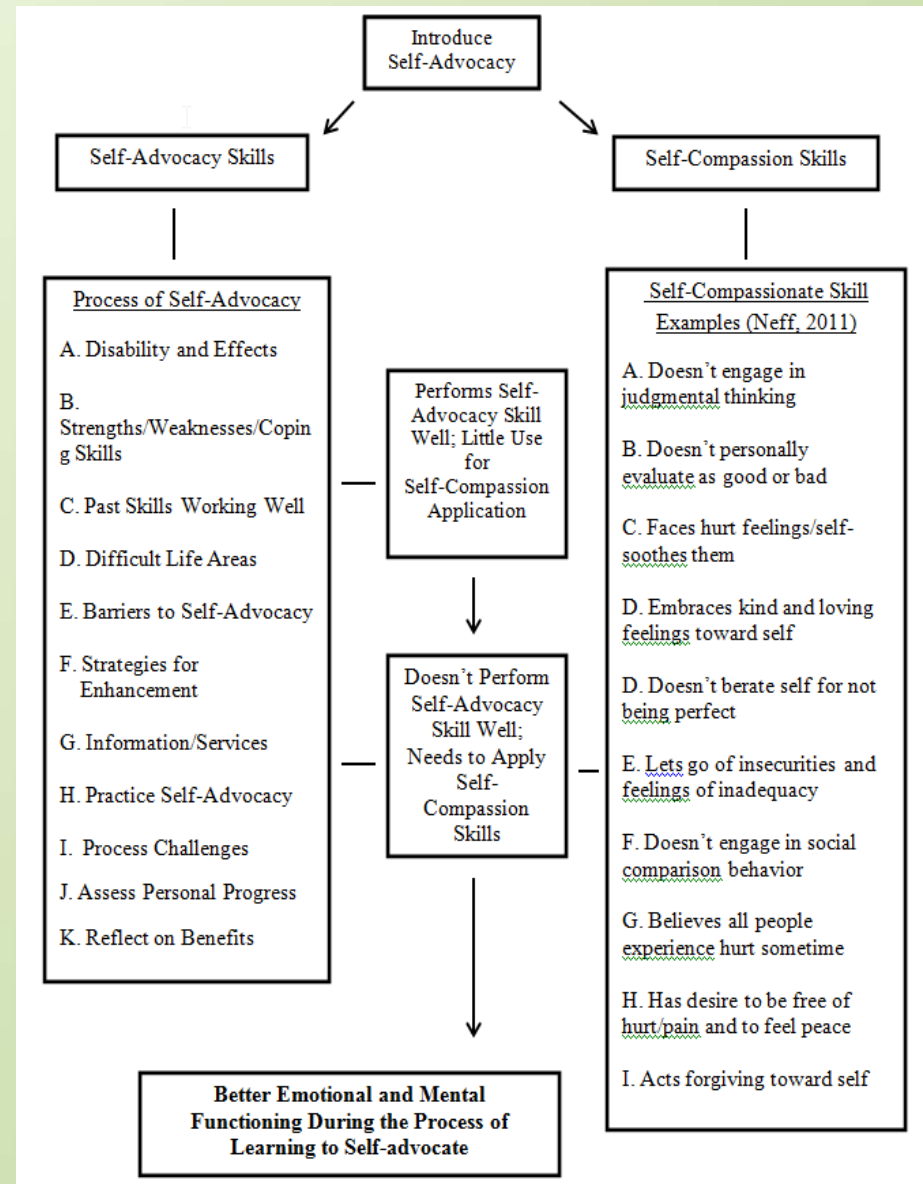


Figure 1.1 An Infused Model of Self-Compassion and Self-Advocacy

People may find it helpful to assess their own levels of self-compassion. Neff (2003b) developed a scale for people to use, and it is accessible online and easily scored. This assessment exercise is a fun and an easy way for people to explore their current level of or ability to practice self-compassion. Germer and Neff (2013) are currently offering trainings to people and professionals–Mindfulness Self-compassion Training (MSC) – and these will culminate in the availability of a self-compassion intervention in 2015. Stuntzner and Hartley (in press) have developed a resiliency intervention for persons with disabilities where one of the ten modules teaches persons with disabilities how to be compassionate to themselves and others in their daily lives. Others may find it helpful to practice meditation exercises under less formal circumstances to help get in touch with their critical thoughts, hurt feelings, the ways they store these thoughts and feelings throughout their bodies, and to practice self-calming or self-soothing strategies to accept themselves as they are (Germer & Neff, 2013). People needing to better understand what self-compassion looks like in daily life may find it helpful to review some of the examples listed in Figure 1-1. These are the qualities and skills referred to as “Self-Compassion Skill Examples” (Neff, 2011).

Persons with disabilities do not have to be well-skilled in self-advocacy from the start. Rather, all that is required is a desire to learn. Once they have made the decision, persons with disabilities are able to assess the skills they do have, and learn new ones.

Additional research is needed on self-compassion and its role in assisting persons with disabilities and could help professionals better understand how to teach others to be more tolerant, loving, and forgiving of themselves and others. The better people are able to avoid being negatively affected by others’ treatment, the more likely they will avoid becoming discouraged and giving up.

Conclusion

Conceptualizing how to best address, teach, or learn self-advocacy skills can feel like a full-time job for both persons with disabilities and professionals. Determining where and how to start can be overwhelming, but three main tasks are involved: (a) addressing the need for self-advocacy skills, (b) learning about self-compassion, and (c) determining how to infuse self-compassion into self-advocacy.

While some research has been done regarding persons with disabilities and advocacy, currently, few models are available to illustrate the skills people need to be self-advocates throughout their lives (i.e., post K-12 education, adulthood). Additionally, until now, none of those presented throughout the research discusses the importance of tending to a person’s thoughts or emotions, or to strategies people may use to calm and self-soothe themselves when faced with challenging situations or events that do not turn out as desired (see Figure 1-1).

There is much that still needs to be explored and researched regarding the role and impact that self-compassion can have on the lives, coping processes, and learning strategies of persons with disabilities, particularly given that self-compassion and its relationship to persons with disabilities has not been considered enough until now (Stuntzner, 2014). Future research on self-compassion and its benefits for persons with disabilities is sorely needed.

References

- Baynton, D. (2001). Disability and the justification of inequality in American history. In P. Longmore, & L. Umansky (Eds.). *The new disability history* (pp. 33-57). New York, NY: The New York University Press.
- Beart, S. (2005). 'I won't think of meself as a learning disability. But I have': Social identity and self-advocacy. *British Journal of Learning Disabilities*, 33, 128-131.
- Beart, S., Hardy, G., & Buchan, L. (2004). Changing selves: A Grounded Theory account of belonging to a self-advocacy group for people with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 17, 91-100.
- Beers, C. W. (1908). *A mind that found itself*. New York, NY: Doubleday and Company.
- Briere, J. (2012). Working with trauma: Mindfulness and compassion. In C. K., Germer & D. Siegel (Eds.) *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice* (pp. 265-279). New York, NY: Guilford Press.
- Brophy, M. C., Chan, A., & Mar, B. M. (1974). The advocate counseling model: Part 1 conceptual framework. In T. Samore (Ed.). *Progress in urban librarianship: A seminar on community information needs and the designing of library programs to meet these needs* (pp. 40-48). Milwaukee, WI: Schools of Library Science Studies.
- Chan, A., Brophy, M. C., & Fisher, J. C. (1981). Advocate counseling and institutional racism. In O. A., Barbarin, P. R. Good, O. M. Pharr, & J. A. Siskind (Eds.). *Institutional racism and community competence* (pp. 194-205). Rockville, MD: National Institute for Mental Health, Dept. of Health, Education, & Welfare.
- Crethar, H. C., Rivera, E. T., & Nash, S. (2008). In search of common threads: Linking multicultural, feminist, and social justice paradigms. *Journal of Counseling & Development*, 86, 269-278.
- Doll, B., Sands, D. J., Wehmeyer, M. L., & Palmer, S. (1996). Promoting the development and acquisition of self-determined behavior. In D. J. Sands & M. L. Wehmeyer (Eds.). *Self-determination across the life span* (pp. 80-71). Baltimore, MD: Brookes.
- Eicher, A. C., Davis, L. W., & Lysaker, P. H. (2013). Self-compassion: A novel link with symptoms in schizophrenia? *The Journal of Nervous and Mental Disease*, 201(5), 389-393.
- Fabian, E. S. (2007). Counselor advocacy for access: Addressing the challenges of disability. In C. C. Lee (Ed.), *Counseling for social justice* (2nd ed, pp. 75-94). Alexandria, VA: APA.
- Fassett, D. R. (2002). How can I help myself? Self-knowledge, self-advocacy, and academic success. *Eric Database*, ED 468711.
- Feldman, C., & Kuyken, W. (2011). Compassion in the landscape of suffering. *Contemporary Buddhism*, 12(1), 143-155.

- Fielder, C. R., & Danneker, J. E. (2007). Self-advocacy instruction: Bridging the research-to-practice gap. *Focus on Exceptional Children*, 39(8), 1-20.
- Firestone, R. W., Firestone, L. A., & Catlett, J. (2003). *Creating a life of meaning and compassion: The wisdom of psychotherapy*. Washington, DC: APA.
- Germer, C. K. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. New York, NY: The Guilford Press.
- Gerrmer, C., & Neff, K. D. (2013). *Mindfulness Self-compassion Training (MSC)*. November 20-24, 2013. Santa Monica, CA: Insight LA.
- Gil, L. A. (2007). Bridging the transition gap from high school to college: Preparing students with disabilities for a successful postsecondary experience. *Teaching Exceptional Children*, November-December Issue, 12-15.
- Gilmartin, A., & Slevin, E. (2009). Being a member of a self-advocacy group: Experiences of intellectually disabled people. *British Journal of Learning Disabilities*, 38, 152-159.
- Goodley, D. (2005). Empowerment, self-advocacy, and resilience. *Journal of Intellectual Disabilities*, 9, 333-343.
- Halifax, J. (2011). The precious necessity of compassion. *Journal of Pain and Symptom Management*, 41(1), 146-153.
- Hammer, M. R. (2004). Using the self-advocacy strategy to increase student participation in IEP conferences. *Intervention in School and Clinic*, 39, 295-300.
- Hardiman, R., & Jackson, B., & Griffin (2007). Conceptual foundations for social justice education. In M. Adams, L. A. Bell, & P. Griffin (Eds.). *Teaching for diversity and social justice* (2nd ed., pp. 35-66). New York, NY: Routledge.
- Hart, J. E., & Brehm, J. (2013). Promoting self-determination: A model for training elementary students to self-advocate for IEP accommodations. *TEACHING Exceptional Children*, May/June, 40-48.
- Hartley, M. T. (2013). Investigating the relationship of resilience to academic persistence in college students with mental health issues. *Rehabilitation Counseling Bulletin*, 56, 240-250. doi:10.1177/0034355213480527.
- Hartley, M. T. (2012). Disability rights community. In D. R. Maki and V. M. Tarvydas (Eds.). *The practice of rehabilitation counseling* (pp. 147-164). New York, NY: Springer.
- Hartley, M. T. (2010). Increasing resilience: Strategies for reducing dropout rates for college students with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 13, 295-315.
- His Holiness the Dalai Lama (2011). *How to be compassionate: A handbook for creating inner peace and a happier world*. New York, NY: Atria Paperback.
- Lane, H. (1984). *When the mind hears*. New York, NY: Random House.
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events. The implications of treating yourself kindly. *Journal of Personality and Social Psychology*, 92, 887-904.

- Longmore, P., & Goldberger, E. (2003). The league of physically handicapped and the Great Depression. In P. Longmore (Ed.). *Why I burned my book and other essays on disability* (pp. 53-101). Philadelphia, PA: Temple University Press.
- Longmore, P., & Umansky, L. (Eds.). (2001). *The new disability history*. New York, NY: The New York University Press.
- Matson, F. (1990). *Walking alone and marching together*. Baltimore, MD: National Federation of the Blind.
- McCarthy, D. (2007). Teaching self-advocacy to students with disabilities. *About Campus*, November-December Issue, 10-16.
- Milsom, A., & Hartley, M. T. (2005). Assisting students with learning disabilities transitioning to college: What school counselors should know. *Professional School Counselor*, 8, 436-441.
- Nakashima, M., Chapin, R.K., Mcmillan, K., & Zimmerman, M. (2004). Decision making in long term care: Approaches used by older adults and implications for social work practice. *Journal of Gerontological Social Work*, 43(4), 79-102.
- Neff, K.D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-101.
- Neff, K. D. (2009). Self-compassion: A healthier way of relating to yourself. Retrieved from: www.self-compassion.org on August 11, 2013.
- Neff, K. D. (2011). *Self-compassion: Stop beating yourself up and leave insecurity behind*. New York, NY: Harper Collins Publishers.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.
- Neff, K. D. (2012). The science of compassion in development: A healthier way to relate to oneself. *Human Development*, 52, 211-214.
- Neff, K. D., Hsieh, Y., & Djitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4, 263-287.
- Neff, K. D., & Kirkpatrick, K. L., & Rude, S. S. (2007a). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, 139-154.
- Neff, K. D., & Pommier, E. (2012). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing mediators. *Self and Identity*, 12(2), 160-176.
- Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007b). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Personality and Social Psychology*, 67, 741-763.
- Ratts, M. J., & Hutchins, A. M. (2009). ACA advocacy competencies: Social justice advocacy at the client/student level. *Journal of Counseling and Development*, 67, 269-275.

- Rubin, S. E., & Roessler, R. T. (2008). *Foundations of the vocational rehabilitation process* (6th ed.). Austin, TX: PRO-ED.
- Schreiner, M.B. (2007). Effective self-advocacy: What students and special educators need to know. *Intervention in School and Clinic*, 42(5), 300-304.
- Schweik, S. M. (2008). *The ugly laws*. New York, NY: The New York University Press.
- Sebag, R. (2010). Behavior management through self-advocacy: A strategy for students with learning disabilities. *TEACHING Exceptional Children*, July/August, 22-29.
- Shapiro, J. P. (1993). *No pity*. New York, NY: Times Books.
- Smart, J. (2009). *Disability, society, & the individual* (2nd ed.). Austin, TX: PRO-ED.
- Stalker, K. (1997). Choices and voices: A case study of a self-advocacy group. *Health Social Care Community*, 5, 246-254.
- Stone, D. (2008). Wounded healing: Exploring the circle of compassion in the helping relationship. *The Humanistic Psychologist*, 36, 45-51.
- Stuntzner, S. (2014). Compassion and self-compassion: Exploration of their utility as essential components of the rehabilitation counseling profession. *Journal of Applied Rehabilitation Counseling*, 45(1), 37-44.
- Stuntzner, S. (2012). *Living with a disability: Finding peace amidst the storm*. Ahmedabad, Gujrat, India: Counseling Association of India.
- Stuntzner, S., & Dalton, J. (2014). Balancing compassion with advocacy: Changing the societal paradigm of westernized thinking. Manuscript submitted for publication.
- Stuntzner, S., & Hartley, H. (in press). *Stuntzner and Hartley's life enhancement intervention: Developing resiliency skills following disability*. Coeur d'Alene, ID: Publishers Stuntzner and Hartley.
- Terry, M. L., & Leary, M. R. (2011). Self-compassion, self-regulation, and health. *Self and Identity*, 10(3), 352-362.
- Test, D. W., Aspel, N. P., & Everson, J. (2006). *Transition methods for youth with disabilities*. Columbus, OH: Pearson.
- Test, D. W., Fowler, C. H., Wood, W. M., Brewer, D. M., & Eddy, S. (2005). A conceptual framework for self-advocacy for students with disabilities. *Remedial and Special Education*, 26(1), 43-54.
- Torgerson, C. W., Miner, C. A., & Shen, H. (2004). Developing student competence in self-directed IEP's. *Intervention in School and Clinic*, 39(3), 162-167.
- Trent, J. W. (1994). *Inventing the feeble mind*. Berkeley, CA: University of California Press.
- Vash, C. (1991). More thoughts on empowerment. *Journal of Rehabilitation*, 13-16.
- Walker, A. R., & Test, D. W. (2011). Using a self-advocacy intervention on African American college students' ability to request academic accommodations. *Learning Disabilities Research and Practice*, 26(3), 134-144.
- Waller, L. (2004). Living with hepatitis C: From self-loathing to self-advocacy. *The Medical Journal of Australia*, 180(6), 293-294.

- Wehmeyer, M. (1992). Self-determination: Critical skills for outcome-oriented transition services. *The Journal for Vocational Special Needs Education*, 15, 3-7.
- White, G. W., Thompson, R. J., Nary, D. E. (1997). An empirical analysis of the effects of a self-administered advocacy letter training program. *Rehabilitation Counseling Bulletin*, 41, 74-88.
- Wren, A. A., Somers, T. J., Wright, M. A., Goetz, M. C., Leary, M. R., Fras, A. M., Huh, B. K., Rogers, L. L., & Keefe, F. J. (2012). Self-compassion in patients with persistent musculoskeletal pain: Relationship of self-compassion to adjustment to persistent pain. *Journal of Pain and Symptom Management*, 43(4), 759-770.

About the Authors



Susan Stuntzner, Department of Leadership and Counseling, Rehabilitation Counseling and Human Services Program, University of Idaho – Coeur d’Alene; Michael T. Hartley, Department of Disability and Psychoeducational Studies, The University of Arizona.

Correspondence concerning this article should be addressed to Susan Stuntzner, Department of Leadership and Counseling, Rehabilitation Counseling and Human Services Program, University of Idaho – Coeur d’Alene, 1031 N. Academic Way, Coeur d’Alene, ID, 83814 (email: stuntzner@uidaho.edu); Michael T. Hartley, Department of Disability and Psychoeducational Studies, College of Education, 1430 E. 2nd Street, Tucson, AZ, 85721-0069 (e-mail: mthartley@email.arizona.edu).



Michael T. Hartley, Ph.D., C.R.C., is an assistant professor in the Department of Disability and Psychoeducational Studies at The University of Arizona. He earned an M.S. degree in Rehabilitation Counseling from The University of Wisconsin-Madison and a Ph.D. degree in Rehabilitation Counselor Education from The University of Iowa. In the past, Dr. Hartley has worked as a rehabilitation counselor to assist individuals with physical disabilities to live and work independently in the community. Dr. Hartley has written, presented, and conducted research in the areas of ethics, disability rights, and resilience.

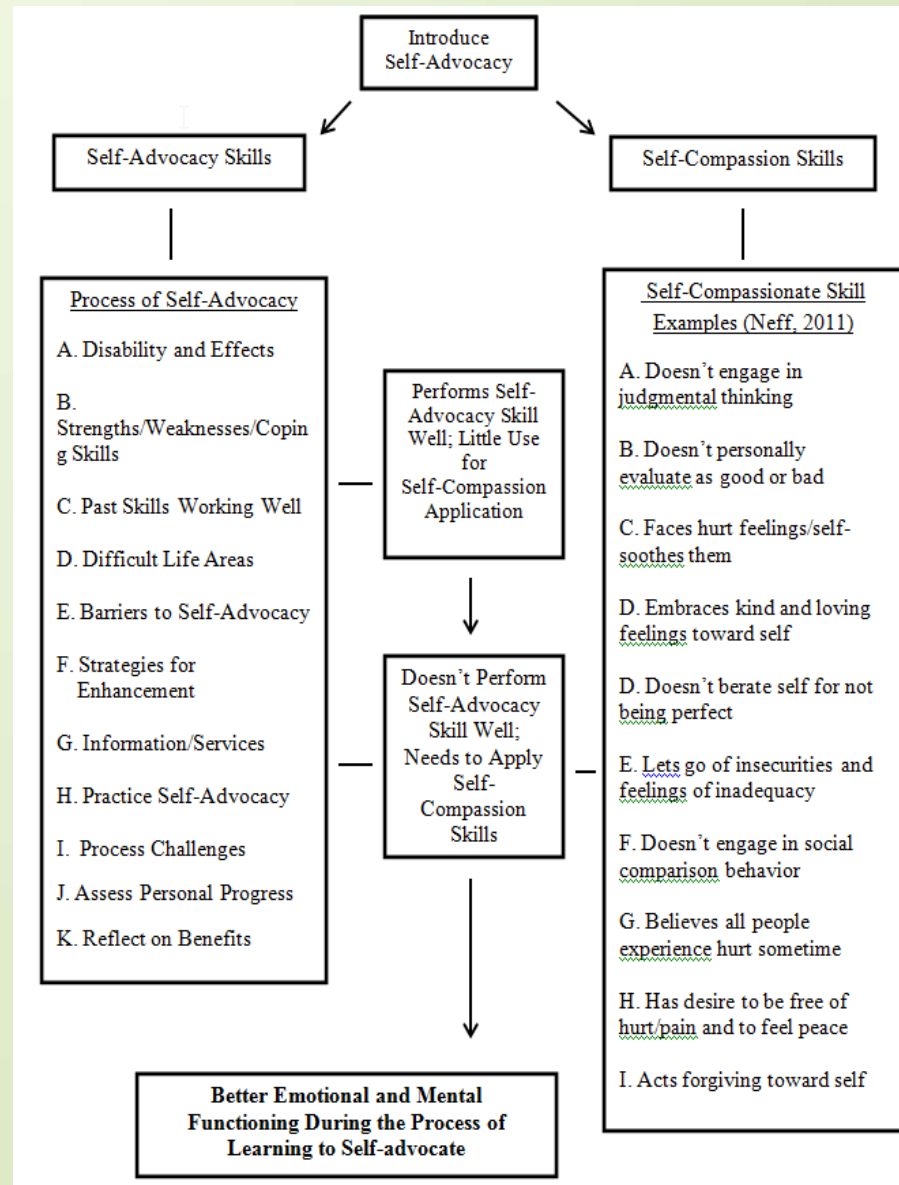


Figure 1.1 An Infused Model of Self-Compassion and Self-Advocacy