Compassion, Well-being, and the Hypoegoic Self

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Abstract

Compassion toward self or others can be defined as a caring response to suffering that acknowledges the shared human condition of imperfection, and involves turning toward rather than denying or avoiding pain. This chapter reviews the fast-growing body of research on the personal and interpersonal benefits of compassion. We discuss its evolutionary roots and distinguish it from similar feelings states such as empathy. Research is then reviewed that examines compassion as a trait, as a type of meditation practice, as a feature of organizations, and also discusses intervention programs designed to enhance compassion for others. Similarly, we provide an overview of research on the psychological health benefits of self-compassion, including its role in motivation, resilience, and relationship functioning, while also distinguishing the construct from self-esteem. Training programs designed to increase self-compassion are also discussed. Finally, we conclude by considering future research directions, including the importance of a better understanding of the role that culture plays in the prevalence and expression of compassion, the developmental trajectory of compassion and how compassion might be taught to youth, and a consideration of the complex relation between compassion for self and others.

Compassion, Well-being, and the Hypoegoic Self

Evolution is often seen as a process of "survival of the fittest," implying that egoism and selfishness are embedded in our genetic code. The term "survival of the fittest," often attributed to Charles Darwin, was actually coined by Herbert Spencer and the Social Darwinists who wished to justify class and race superiority. Darwin's message was, in fact, quite to the contrary. He argued that evolutionary success was more dependent on fellow feeling than exclusive self-interest: "Communities which included the greatest number of the most sympathetic members would flourish best, and rear the greatest number of offspring" (Darwin, 1871, Chapter 4, "Sociability," para. 11). This suggests that the key to human well-being lies at least as much in our ability to connect with and care for others as in beating the competition. In recent years the topic of compassion has received considerable attention as one form of such interpersonal sensitivity, and the current chapter reviews the rapidly expanding research literature on the benefits of compassion for personal and interpersonal well-being, highlighting work on self-compassion as well as compassion for others.

Compassion for Others

Colloquially speaking, compassion is an open-hearted way of relating to the world that responds to the suffering of others with care, kindness, and helpful action. Interestingly, however, research shows that despite its clear hypoegoic intention, compassion also reaps health and well-being benefits for the compassionate person. Thus, compassion may figure prominently in quality of life at the individual as well as at interpersonal and societal levels. Compassion, framed as an emotion, is the felt response to perceiving suffering that involves an authentic desire to ease distress (Goetz, Keltner, & Simon-Thomas, 2010). It also has a cognitive aspect that entails offering nonjudgmental understanding to those who fail or do

wrong, so that their actions and behaviors are seen in the context of shared human fallibility (Feldman, 2005).

Compassion is distinct from empathy, sympathy, and altruism, though these terms are often confused. Empathy involves emotional resonance -- experiencing a similar affective state to that of another person (Eisenberg & Strayer, 1987). It is the internal mirroring of another's emotions, and may manifest overtly as well - tearing up at a friend's sadness or smiling when another is happy, for example. As such, empathy can occur in the presence of both positive and negative emotions. Sympathy involves awareness or recognition of the painful feelings experienced by another person and feeling badly about their plight (Escalas & Stern, 2003). Sympathy can also take the form of pity or feeling sorry for another. Altruism is an action that benefits someone else, and that may or may not be accompanied by empathy or compassion (as in the case of making a donation for tax purposes). Although these terms are similar, they are not identical. Compassion often does, of course, involve elements of empathy, sympathy, and altruism. However, compassion is defined as a kind and caring emotional response to perceived suffering that acknowledges the shared human experience of imperfection, and that involves an authentic desire to help.

Evolutionarily, compassion is believed to be an adaptive trait. Compassion is oriented toward reducing the suffering or needs of vulnerable offspring, is predictive of alliance formation and cooperative relations with others, and is a desirable trait in mate selection (Goetz et al., 2010). In fact, both men and women agree that "kindness" is one of the most highly valued personality traits in potential romantic partners (Buss & Barnes, 1986; Sprecher & Regan, 2002), and kindness is a key feature of compassion. Gilbert (2010) argued that compassion evolved out of the mammalian attachment system whereby a mother provides a safe place where she can

soothe and calm an infant. Mothers who are attentive to distress calls tend to react to them with caring and protective behavior, which may be the beginning of the evolution of sensitivity to distress and the motivation to alleviate it. This idea is supported by a series of studies by Mikulincer et al. (2001) showing that experimentally enhancing feelings of attachment strengthens reports of compassion in reaction to others' suffering.

Research on Compassion for Others

Compassion as a trait. Although there is not a great deal of research on compassion as a disposition or trait, studies suggest that it is related to both personal and interpersonal well-being. Probably the most commonly used self-report measure of compassion is the Compassionate Love Scale (Sprecher & Fehr, 2005). Research suggests that individuals who report having more compassion for others on this measure exhibit more prosocial behavior such as altruism, empathy, and forgiveness, and are more likely to provide social support to others (Fehr & Sprecher, 2009). They also tend to display more gratitude in daily life (Neto & Menezes, 2014). Compassionate love has been linked to greater life satisfaction (Robak & Nagda, 2011), self-esteem (Sprecher & Fehr, 2006), and positive emotions as a result of providing care and support to others (Sprecher, Fehr, & Zimmerman, 2007).

Another trait-like indicator of compassion are compassionate goals, adopted by some inividuals in relationship interactions, and which concern caring for and supporting others in relationships (Crocker & Canevello, 2008). These goals have been associated with better relationship functioning and higher positive regard from others (Canevello & Crocker, 2010). Individuals with compassionate goals also tend to report lower levels of anxiety, depression, and chronic distress (Crocker, Canevello, Breines, & Flynn, 2010).

Some people actually experience a fear of compassion, particularly if they have a

history of insecure attachment (Gilbert et al., 2012; Gilbert, McEwan, Matos & Rivis, 2011). In such cases, feelings of compassion for self or others can activate grief associated with feelings of wanting but not receiving affection and care from significant others in childhood (Gilbert, 2010). Beyond its association with insecure attachment, research indicates that reports of greater fear of compassion is associated with compromised mental health, manifesting as alexithymia, self-criticism, depression, anxiety, and stress (Gilbert et al., 2012; Gilbert et al., 2011).

Compassion meditation. Experimental study of both the mutability and the benefits of compassion often involves an examination of the impact of compassion meditation on psychological functioning. One compassion-based practice gaining research attention is loving-kindness meditation (LKM; Hofmann, Grossman, & Hinton, 2011). LKM focuses on developing feelings of goodwill, kindness, and warmth through the repetition of phrases that convey the wish for others to be happy and free from suffering (Salzberg, 1997). In a landmark study by Frederickson and colleagues (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008), employees at a large company took part in a 7-week course wherein they learned LKM through weekly classes and at-home daily guided meditation exercises. Results showed that compared to a wait-list control group, participants in the LKM group reported increases in daily positive emotions, such as love, joy, contentment, gratitude, pride, hope, interest, amusement, and awe. These positive emotions in turn produced increases in a wide range of positive psychological outcomes (e.g., increased mindfulness, purpose in life, social support, decreased illness symptoms). In addition, these outcomes predicted greater life satisfaction and reduced depressive symptoms.

LKM appears to enhance positive interpersonal attitudes as well. For instance, Leiberg, Klimecki and Singer (2011) examined the effects of LKM on pro-social behavior and found that compared to a control group that participated in a short-term memory training, the group that had

trained in LKM showed increased helping behavior in a game context. Similarly, Klimecki, Leiberg, Lamm and Singer (2013) found that LKM training increased participants' empathic responses to the distress of others but prevented the experience of personal distress. The authors suggested that LKM may therefore improve empathic responding but also resilience. A recent study (Kang, Gray & Dovido, 2014) found that compared to a closely matched active control condition, 6 weeks of LKM training decreased implicit bias against black individuals and homeless people (as measured by the Implicit Association Test). Interestingly, even just 10 minutes of LKM, relative to a closely matched control task, increased feelings of social connection and positivity toward novel individuals (strangers) on both explicit and implicit levels (Hutcherson, Seppala, and Gross, 2008).,

It appears that LKM can be used effectively with specific mental health populations as well. For instance, in a pilot study of patients with chronic low back pain randomized to LKM or standard care, LKM was associated with greater decreases in pain, anger, and psychological distress than the control group (Carson et al., 2005). A study by Kearney et al (2013) found that a 12 week LKM course significantly reduced depression and PTSD symptoms among veterans diagnosed with PTSD. Also, a pilot study by Johnson et al. (2011) examined the effects of LKM with individuals with schizophrenia-spectrum disorders. Findings indicated that LKM was associated with decreased negative symptoms and increased positive emotions and psychological recovery. These findings highlight the potential usefulness of LKM to address the needs of various clinical populations.

Another way that researchers have studied the impact of compassion meditation is by comparing novice practitioners to expert practitioners. For instance, Lutz, Brefczynski-Lewis, et al. (2008) asked 15 expert compassion meditators (Buddhist monks with 10,000 to 50,000 hours

of compassion meditation experience) and 15 novices either to meditate or simply rest while they were presented with vocalizations that were positive (baby laughing), neutral (background noise in a restaurant), or negative (distressed woman). Results showed that during meditation, activation in the insula was greater during presentation of negative sounds than positive or neutral sounds in the expert relative to the novice meditators. The insula is important in detecting emotions, in mapping physiological responses to emotions (such as heart rate), and to make this information available to other parts of the brain. This finding suggests that compassion meditation may enhance the activation of brain areas involved in emotional processing and empathy.

Compassion meditation may also enhance immune and behavioral responses to stress. Pace et al. (2009) found that among college students who were taught compassion meditation for a six-week period, those who meditated more frequently outside of class time were more resilient when faced with a stress test and showed lower levels of interleukin-6, a marker of pro-inflammation tied to immune function. Hoge et al. (2013) found LKM to be associated with longer telomeres in women, which tend to predict better health and longevity. Thus, compassion meditation may enhance physical as well as psychological and interpersonal functioning.

Compassionate organizations. Compassion has been examined not just at the individual level, but also as a feature of organizations. In one longitudinal study conducted in a healthcare setting, for instance, employees in compassionate workplaces - characterized by openly expressed kindness, affection, and caring for coworkers' well-being - reported higher job satisfaction and showed superior teamwork and lower rates of absenteeism and emotional exhaustion (Barsade & O'Neill, 2014). In turn, employee well-being translated into better patient outcomes, quality of life, and satisfaction, as well as fewer emergency room visits.

Moreover, compassionate and supportive co-workers tend to build higher-quality relationships with others at work (Dutton, Roberts, & Bednar, 2010). In doing so, they boost coworkers' productivity levels (Bakker, 2011; Lilius et al., 2008), increase feelings of social connection (Kanov et al., 2004), and enhance levels of commitment to the workplace (Bakker, 2011; Lilius et al., 2011). Given these benefits, compassion might very well have a positive impact not only on employee health and well-being but also on the overall financial success of organizations.

Compassion Training Programs. Several intervention programs have been developed that are specifically designed to help individuals become more compassionate. For instance, the Compassion Cultivation Training (CCT) program was developed by psychologists and meditation experts at Stanford University (Langri & Weiss, 2013). CCT consists of 9 weekly, 2-hr sessions, and participants are encouraged to practice pre-recorded meditations at home daily (15-30 minutes long). CCT includes the practice of LKM and also *tonglen*, a Tibetan meditation practice that involves visualizing the transformation of suffering. CCT also includes a variety of experiential exercises based on principles of Western psychology. A randomized controlled trial of the program found that it increased self-compassion and decreased fear of both giving and receiving compassion compared to a wait-list control condition (Jazaieri et al., 2013). These findings suggest that deliberate training in compassion may help people to overcome the discomfort often felt when experiencing this state. Another study (Jazaieri et al., 2014) found that CCT resulted in increased mindfulness and happiness, as well as decreased worry and emotional suppression. One reason for these findings is that CCT appears to decrease mind-wandering to negative topics while increasing mind-wandering to positive ones. Both of these tendencies in turn predicted increased caring behaviors for oneself and others (Jazaieri et al.,

2015). Moreover, the amount of formal meditation practiced by CCT participants was related to reductions in worry and emotional suppression. These findings suggest that compassion cultivation training affects cognitive and emotional factors that support adaptive functioning.

Another compassion training program, developed at Emory University, is Cognitive-Based Compassion Training (CBCT; Ozawa-de Silva & Negi, 2013). Similar in format to CCT, it consists of 8 weekly 2-hour sessions, and 20-minute guided home meditation practices. The CBCT protocol involves the systematic cultivation of compassion through the development of mindfulness, emotion regulation, self-compassion, equanimity, perspective taking, and empathy. It also teaches a secularized form of compassion meditation derived from the Tibetan Buddhist *lojong* or "mind training" tradition. Research indicates that CBCT improves empathic capacities as measured through the ability to decipher facial expressions as well as brain activity related to empathy (Mascaro, Rilling, Negi, & Raison, 2013). Morover, Condon, Desbordes, Miller and DeSteno (2013) showed that CBCT increased helping behavior in an ecologically valid experimental session, namely in being more likely than wait-list control participants to help someone who was suffering (a person on crutches and ostensibly in pain).

CBCT has been adapted for use with at-risk adolescents (Reddy et al., 2012). Initial research indicated that the program increased hopefulness in teens, that they were more likely to use what they learned in the intervention when they got angry; and when under stress, they tried to act more compassionately. A version of CBCT combined with traditional therapeutic training was found to also benefit the well-being of 71 foster children (Pace et al., 2013), suggesting its clinical utility for this at-risk, stressed population.

Self-compassion

While compassion for others is a familiar concept for most individuals, having been

discussed for millennia in various religious and ethical traditions, the concept of self-compassion is less familiar. Self-compassion is basically compassion turned inward - a kind, caring response to one's own suffering coupled with a desire to ease personal distress (Goetz, Keltner, & Simon-Thomas, 2010). It also entails offering nonjudgmental understanding to oneself in the context of failure or wrong-doing, framing one's own behavior in the context of shared human fallibility (Feldman, 2005). At first glance, it may seem odd to examine self-compassion as a hypo-egoic way of being given that it entails concern for one's own well-being. Isn't self-compassion selfish? While compassion is extolled as a virtue in Western culture, people are often skeptical of self-compassion, and tend to be much less kind and compassionate to themselves than they are to others (Neff, 2003b). We will argue that self-compassion is not essentially self-focused. Rather, it is a type of open-hearted awareness in which the boundaries between self and other are softened so that all human beings are considered worthy of compassion, including oneself.

What is Self-compassion?

Self-compassion involves being caring and supportive toward ourselves when we suffer, even when our suffering stems from personal failures or perceived inadequacies (Neff, 2003b). It is a way of feeling good about ourselves that is quite distinct from self-esteem, which can be hyper-egoic in nature. Self-esteem refers to the degree to which we evaluate ourselves positively and is often based on comparisons with others (Harter, 1999). In American culture, high self-esteem requires standing out in a crowd—being special and above average (Heine, Lehman, Markus, & Kitayama, 1999; Sedikides, 1993). This poses a problem, of course, given that it is logically impossible for us all to be above average at the same time. And when the need to be special becomes extreme, as in narcissism, feelings of superiority and entitlement can drive people away and damage interpersonal relationships (Twenge & Campbell, 2009). Even in the

absence of such extremity, the quest for high self-esteem may also result in some highly problematic behaviors. For instance, people may get angry and aggressive towards others in order to maintain a positive self-view, especially if they are not given the respect they think they deserve (Baumeister, Smart, & Boden, 1996). They may bully others or become prejudiced toward outgroup members in order to feel good about themselves in comparison (Crocker, Thompson, McGraw, & Ingerman, 1987; Fein & Spencer, 1997; Salmivalli, Kaukiainen, Kaistaniemi, & Lagerspetz, 1999). High self-esteem also tends to be contingent on success in areas of life that are important to us, such as being a good athlete or an attractive or popular person (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). This means that self-esteem is a fair-weather friend of sorts: it is there when we succeed but deserts us when we fail—precisely the time we may need it most.

In contrast, self-compassion is not based on positive judgments or evaluations—it is a way of *relating* to ourselves. It involves framing our experiences of imperfection in light of the shared human experience, accepting that all people struggle in some form or another. We have self-compassion because we are flawed human beings, not because we are special or above average, meaning we do not need to feel better than others to feel good about ourselves. Self-compassion also offers more emotional stability than self-esteem because it is always available, even in instances of disgrace and failure. Drawing on the writings of various Buddhist scholars, Neff (2003b) operationalized self-compassion as consisting of three main components: self-kindness versus self-judgment, a sense of common humanity versus feelings of isolation, and mindfulness versus over-identification. These elements combine and mutually interact to create a self-compassionate frame of mind when encountering personal mistakes, perceived inadequacies, or various experiences of suffering.

Self-kindness involves being caring, gentle, and understanding towards oneself, and involves actively soothing and comforting oneself in times of distress. This response stands in contrast to a self-critical approach in which one judges or blames oneself for not being good enough or for not coping well enough with life difficulties. What helps distinguish self-kindness from an apparent close cousin, self-acceptance, is that compassion entails recognition of the shared human experience. Rather than focusing on one's separate, individual identity, compassion involves recognizing that all humans fail and make mistakes, that all life experiences are necessarily flawed and imperfect. Rather than feeling cut off and isolated from others when things go wrong, self-compassion facilitates feelings of connection to others in times of failure or difficulty. Finally, self-compassion entails a balanced, 'mindful' response to suffering that neither suppresses difficult emotions nor ruminates on them. Rather than running away with the narrative or storyline of one's problems and shortcomings, self-compassion involves maintaining balanced awareness of painful life experiences, acknowledging them as they are in the present moment.

Ironically, the positive feelings associated with self-compassion stem from de-emphasizing one's identity as a separate individual rather than building up and solidifying a unique identity. When kindness and care is extended to others but not to ourselves, we create a false sense of separation from the rest of humanity. "You deserve compassion but I do not," means that in some deep way you and I are essentially different. But when we include ourselves in the circle of compassion, our boundaries become less rigid and more expansive.

Research on Self-compassion

Self-compassion and well-being. A large body of research indicates that self-compassion enables people to thrive (see Barnard & Curry, 2012 for a review). Much of this

research has been conducted using the Self-compassion Scale (Neff, 2003a), a 26-item measure of the previously discussed dimensions of dispositional self-compassion: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification. Increasingly, however, researchers are also using methods such as mood induction (e.g., Breines & Chen, 2012; Leary, Tate, Adams, Allen, & Hancock, 2007); behavioral observation (Sbarra, Smith, & Mehl, 2012), or short-term intervention (e.g., Shapira & Mongrain, 2011) as a means of examining the impact of self-compassion on well-being.

One of the most consistent findings in the research literature is that greater self-compassion is linked to less anxiety, depression, and stress. A recent meta-analysis (MacBeth & Gumley, 2012) found a large effect size when examining the link between self-compassion and psychopathology across 20 studies. In a study by Neff, Kirkpatrick, and Rude (2007), for instance, participants were given a mock job interview in which they were asked to "describe their greatest weakness." Even though high self-compassionate people used as many negative self-descriptors as those low in self-compassion, high compassionate people were less likely to experience anxiety as a result of the task. Self-compassionate individuals also tended to use more inclusive language when writing about their weakness - for example using fewer first-person singular pronouns such as "I," in favor of more first-person plural pronouns such as "we," and making more social references to friends, family, and other people. This suggests that self-compassion may reduce self-evaluative anxiety because perceived personal weaknesses feel less threatening when considered in the light of the shared human experience. Of course, a key feature of self-compassion is the lack of self-criticism, and self-criticism is known to be an important predictor of anxiety and depression (Blatt, 1995). However, self-compassion is still negatively related to anxiety and depression even when controlling for self-critical tendencies

(Neff, 2003a).

Health-relevant physiological processes may also benefit from self-compassion. Gilbert and Irons (2005) suggested that self-compassion deactivates the psychobiological threat system (associated with feelings of insecure attachment, defensiveness, and autonomic arousal) and activates the self-soothing system (associated with feelings of secure attachment, safety, and the oxytocin-opiate system). In support of this proposition, Rockcliff, Gilbert, McEwan, Lightman, and Glover (2008) found that a brief self-compassion exercise lowered individuals' levels of the stress hormone cortisol. It also increased heart-rate variability, which is associated with a greater ability to self-soothe when stressed (Porges, 2007). Arch and colleagues (2014) found that relative to active and passive (no-instruction) control conditions, a 5-day self-compassion training led to lower levels of sympathetic (salivary alpha-amylase), cardiac parasympathetic, and subjective anxiety response during and following a lab-induced social evaluative stressor (the Trier Social Stress Test; TSST). Similarly, a study by Brienes and colleagues (2004) suggested that self-compassion is also associated with better immune function in response to stress. After being exposed to the TSST, individuals who had scored higher in self-compassion at baseline displayed a lower inflammatory response, as assessed by interleukin-6 levels after controlling for self-esteem, depressive symptoms, and level of distress evoked by the task.

Relatedly, self-compassion has been shown to mitigate the effect of negative life events on subjective emotional responses. For instance, a series of studies by Leary et al. (2007) investigated the way that self-compassionate people deal with negative self-relevant thoughts or life events. One study of experience-sampled responses over a 20-day period found that those scoring higher in trait self-compassion had more perspective on their problems and were less likely to feel isolated by them; they were also more likely to feel that their struggles were not any

worse than what many other people experienced. The researchers also found that priming self-compassion helped participants to take responsibility for their role in past negative events without experiencing as much negative affect as did those in a control condition.

While self-compassion helps lessen the hold of negativity, it has been inversely related to the suppression of unwanted thoughts and emotions (Neff, 2003a), and positively associated with an acknowledgement that one's emotions are valid and important (Neff, Hseih, Dejitterat, 2005; Neff et al., 2007). It appears that instead of replacing negative feelings with positive ones, self-compassion helps to generate positive emotions by *embracing* the negative ones. For this reason, it is perhaps unsurprising that self-compassion is associated with positive psychological strengths. For example, self-compassion is associated with emotional intelligence, wisdom, life satisfaction, and feelings of social connectedness—important elements of a meaningful life (Neff, 2003a; Neff, Pisitsungkagarn, & Hseih, 2008). People scoring high in trait self-compassion or who are induced to be in a self-compassionate frame of mind also tend to experience more happiness, optimism, curiosity, creativity, and such positive emotions as enthusiasm, inspiration, and excitement than those who are self-critical (Hollis-Walker & Colosimo, 2011; Neff et al., 2007). Even brief self-compassion interventions may have lasting value. In an experiment in which individuals were asked to write a self-compassionate letter to themselves every day for seven days, Shapira and Mongrain (2010) found increased happiness levels compared to a control group. The happiness gains were maintained at one month, three months, and six months follow-up.

Self-compassion versus self-esteem. While self-compassion appears to yield mental health benefits like self-esteem does, there is evidence that it does not have the same pitfalls noted already. In a survey of a large community sample in the Netherlands (Neff & Vonk,

2009), for instance, trait self-compassion was associated with lower levels of social comparison, public self-consciousness, self-rumination, anger, and close-mindedness than was self-esteem. Also, self-esteem had a robust association with narcissism while self-compassion had no association with this problematic trait. Moreover, self-compassion was found to be less contingent on perceived physical attractiveness or successful performances than was self-esteem, which may help explain the finding that it predicted higher stability of self-reported self-worth over an 8-month period (assessed 12 different times) than self-esteem.. These findings suggest that in contrast to those with high self-esteem, self-compassionate people are less focused on evaluating themselves, feeling superior to others, worrying about whether or not others are evaluating them, defending their viewpoints, or angrily reacting against those who disagree with them. It also appears that self-compassion provides a more stable and reliable sense of self-worth over time.

To investigate the relative benefits of self-compassion versus self-esteem in a social appraisal context, Leary et al. (2007) asked participants to make a videotape that would introduce and describe themselves, and then were told that someone would watch their tape and give them feedback on how warm, friendly, intelligent, likeable, and mature they appeared (the feedback was given by a study confederate). Half the participants received positive feedback; the other neutral feedback. Self-compassionate people were relatively unflustered regardless of whether the feedback was positive or neutral, and were willing to say the feedback was based on their own personality either way. People with high levels of self-esteem, however, tended to get upset when they received neutral feedback (What, I'm just *average*?). They were also more likely to deny that the feedback was due to their own personality but rather attributed it to factors such as the observer's mood. Self-compassionate people thus appear to be more able to accept who they

are regardless of the degree of praise they receive from others. Self-esteem, on the other hand, may thrive only when interpersonal feedback is positive and may lead to evasion when there is a possibility of facing unpleasant truths about oneself (Swann, 1996).

Self-compassion and self-improvement motivation. Many people criticize themselves in the belief that it will help motivate them to achieve their goals. While the adage "spare the rod, spoil the child" is rarely used in modern parenting, it seems to persist when relating to ourselves. To the extent that self-criticism does work as a motivator, it is because we are driven to succeed in order to avoid self-judgment when we fail. But if we know that failure will be met with self-criticism, goal-seeking may be not be attempted. We suggest that self-compassion does not undermine motivation but does change the reason for goal-striving—namely, because we care. If we truly want to be kind to ourselves and do not want to suffer, we will make constructive efforts to be productive and to change harmful behaviors. And because self-compassion gives us the safety needed to acknowledge our weaknesses rather than to suppress awareness of them, we are in a better position to overcome them.

Research supports this idea. In a series of four experimental studies, Breines and Chen (2012) used mood inductions that had people write about their experiences in a self-compassionate manner to engender feelings of self-compassion for personal weaknesses, failures, and past moral transgressions. When compared to a self-esteem induction (e.g., "think about your positive qualities") or a positive mood distractor (e.g., "think about a hobby you enjoy"), self-compassion resulted in stronger motivation to change for the better, to try harder to learn, and to avoid repeating past mistakes. Other supportive research has shown that self-compassion is linked to personal initiative, perceived self-efficacy, and intrinsic motivation (Neff et al., 2005; Neff et al., 2007). There is also evidence that self-compassionate people have less

fear of failure, but when they do fail they are more likely to try again (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Trait self-compassion has also been linked to health-promoting behaviors such as seeking medical treatment when needed (Terry & Leary, 2011), exercising (Magnus, Kowalski, & McHugh, 2010), and practicing safe sex (Brion, Leary & Drabkin, 2014).

Self-compassion and emotional resilience. From the discussion to this point, it could be surmised that self-compassion may be a source of emotional resilience that helps people to cope with difficult emotional experiences. Sbarra, Smith, and Mehl (2012) provided evidence for this, finding that self-compassion was key in helping people adjust after divorce. First asking divorcing adults to complete a 4 min stream-of-consciousness recording about their separation experience, independent judges then rated how self-compassionate their dialogues were. Those who displayed greater self-compassion when talking about their break-up not only evidenced better psychological adjustment at the time, but this effect persisted over nine months. These predictions were significant even after accounting for a number of competing predictors such as self-esteem, depressive symptoms, and attachment style. Similarly, Hiraoka et al. (2015) examined the mental health functioning of combat veterans returning from tours in Iraq or Afghanistan, and found that more self-compassionate veterans had lower levels of psychopathology, and better functioning in daily life, including fewer symptoms of post-traumatic stress as a result of combat exposure. In fact, regression analysis revealed self-compassion to be a stronger predictor of whether or not veterans developed PTSD than level of combat exposure itself.

Research also suggests that self-compassion may help people to cope with early childhood traumas. In a youth sample, Vettese, Dyer, Li, and Wekerle (2011) found that self-

reported levels of self-compassion mediated the link between childhood maltreatment and later emotion dysregulation. Self-compassion has also been linked to coping with chronic physical pain (Costa & Pinto-Gouveia, 2011).

Self-compassion and interpersonal relationships. In addition to intrapersonal benefits, self-compassion has been associated with enhanced interpersonal functioning. In a study of heterosexual couples (Neff & Beretvas, 2013), self-ascribed self-compassionate individuals were described by their partners as being more emotionally connected, accepting, and autonomy-supporting while being less detached, controlling, and verbally or physically aggressive in their relationship than those with less self-compassion. Not surprisingly, the partners of self-compassionate individuals also reported being more satisfied with their relationship. Because self-compassionate people meet at least some of their own needs for care and support, they may be less dependent on their partners for need fulfillment, and have more emotional resources available to give to others. Similar to the couples' study findings, a study of relationships between college roommates (Crocker & Canevello, 2008) found that self-compassionate students provided more social support and encouraged interpersonal trust with roommates compared to those with less self-compassion.

A question that these research findings provoke concerns whether self-compassionate people are also more compassionate towards others. While research on this topic is new, findings suggest that the link between self-compassion and other-compassion exists but is somewhat complex. Neff and Pommier (2012) examined the association between trait self-compassion and self-reported compassion for others, empathy (empathic concern and empathic personal distress), altruism, and forgiveness. Participants included college undergraduates, an older community sample, and individuals practicing Buddhist meditation. In all three groups,

self-compassionate people reported that they were less likely to experience empathic personal distress, suggesting that they may more able to confront others' suffering without being overwhelmed. In addition, self-compassion was significantly associated with a self-reported tendency toward offering forgiveness. Forgiving others requires understanding the complex circumstances that lead people to act as they do. The ability to forgive and accept one's flawed humanity, therefore, appears to also apply to others' behavior. Self-compassion was significantly but weakly linked to compassion for others, empathic concern, and altruism among the community and Buddhist samples. This association is probably not as robust as might be expected because of the fact that most people report being much kinder to others than to themselves (Neff, 2003a), which would attenuate the association.

Interestingly, no link was found between self-compassion and other-focused concern (i.e., compassion, empathetic concern, and altruism) among undergraduates. This may be because young adults often struggle to recognize the shared aspects of their life experience, overestimating their distinctiveness from others (Lapsley, FitzGerald, Rice, & Jackson, 1989). Their schemas for why they are deserving of care and why others are deserving of care are therefore likely to be poorly integrated. The link between self-compassion and other-focused concern was strongest among meditators, which may be the result of practices that foster an awareness of shared human experiences or, like loving-kindness meditation, are designed to cultivate compassion for both oneself and others (Hofmann, Grossman, & Hinton, 2011). Still, the association was small (r = .28), suggesting that even among meditators people treat themselves and others quite differently.

Self-compassion training programs. Given the research evidence suggesting that self-compassion is strongly linked to well-being, intervention programs have been developed to teach

people how to be more self-compassionate in daily life. Gilbert (2010) has developed a general therapeutic approach termed Compassion-Focused Therapy (CFT) that helps individuals develop the skills and attributes of a self-compassionate mind, especially for those whose habitual form of relating to themselves involves shame and self-attack. CFT increases awareness and understanding of automatic emotional reactions such as self-criticism that occur when the threat-defense system is triggered, and how these patterns are often reinforced in early childhood. The key principles of CFT involve motivating people to attend to their own well-being, to become sensitive to their own needs and distress, and to extend warmth and understanding towards themselves. CFT techniques include mindfulness training, visualizations, compassionate cognitive responding, and engaging in overt self-compassionate behaviors. Pilot data suggest that CFT helps reduce depressed mood, anxiety and stress among people with mental health difficulties (Judge, Cleghorn, McEwan & Gilbert, 2012), is effective at treating personality disorders (Lucre & Corten, 2013) and eating disorders (Gale, Gilbert, Read & Goss, 2014); further, a randomized controlled trial found that CFT was more effective in aiding recovery from psychosis than a treatment-as-usual control group (Braehler et al., 2013).

Germer and Neff (2013) developed a self-compassion training program suitable for non-clinical populations called Mindful Self-compassion (MSC). In this program participants meet for two hours once a week over the course of the eight weeks, and also meet for a half-day of silent meditation. The program involves discussions, experiential exercises, and contemplative meditations designed to increase awareness of self-compassion and to develop the practice of it in daily life. Although research on the effectiveness of the program is new, a randomized controlled study of the MSC relative to a waitlist control condition (Neff & Germer, 2013), found that participation in the intervention significantly increased self-reported self-compassion,

mindfulness, compassion for others, and life satisfaction, while significantly decreasing self-reported depressive symptoms, anxiety, stress, and emotional avoidance. All gains were maintained for up to one year after completion of the program, and in fact, life satisfaction significantly increased up to one year later. This research suggests that self-compassion is a teachable skill that can meaningfully enhance mental health and well-being.

Conclusions and Future Research Directions

Given the growing body of evidence supporting the benefits of compassion for oneself and others, this field of study is bound to generate more interest in the future. There are several areas of investigation that warrant more attention. First, it will be important to gain a better understanding of compassion for self and others within cultural contexts. While research indicates that there are universal markers of compassion across cultures - for instance warmth, soothing touch, and gentle vocalizations (Keltner et al., 2010) - there is much more to be learned about differences in the prevalence and outcomes associated with compassion. In an examination of self-compassion in Thailand, Taiwan, and the United States, it was found that trait self-compassion levels were highest in Thailand and lowest in Taiwan, with the United States falling in between. This may be because Thais are strongly influenced by Buddhism, which stresses the importance of compassion for self and others, whereas the Taiwanese are more influenced by Confucianism, which emphasizes shame and self-criticism as a means of parental and social control. Interestingly, self-compassion was positively related to interdependent self-construal in Thailand but to independent self-construal in Taiwan, perhaps because self-construals represent the degree to which one's sense of self is integrated with prevailing societal norms (Kitayama & Markus, 2000). In all three cultures, however, self-compassion significantly predicted less depression and greater life satisfaction, suggesting that

there may be universal benefits to self-compassion despite cultural differences in its prevalence. More research is warranted to better understand these issues, however, especially that which accounts for the role of ethnicity and social class.

Also needed is more empirical investigation into the developmental trajectory of compassion for self and others. Although early attachment history and parental responsiveness is known to impact the degree of compassion shown to oneself or others in adulthood (Mikulincer et al., 2001; Neff & McGeehee, 2010; Wei, Liao, Ku & Shaffer, 2011), little is known about developmental changes in the ability to be compassionate to self or others. Is a certain level of self-awareness or perspective-taking ability required in order to be compassionate, for instance? Also, more research needs to be conducted on when and how compassion should be taught to youth. Scholars at the University of Wisconsin (Flook, Goldberg, Pinger, & Davidson, 2015) have developed a twelve-week, mindfulness-based, pro-social skills training program for preschool children called the Kindness Curriculum. In addition to mindfulness, there is an emphasis on teaching kindness and compassion practices (e.g., empathy, gratitude, sharing). A recent randomized controlled trial found that compared to those in a wait-list control condition, children taking the program showed greater improvements in social competence and earned higher report card grades in domains of learning, health, and social-emotional development, whereas children in the control condition exhibited more selfish behavior over time. Because the Kindness Curriculum also teaches mindfulness skills however, it is unclear to what extent study results are due to compassion training in particular, or to mindfulness training in general (Burke, 2009).

Another worthy topic of investigation would be to examine how the relative balance between compassion for oneself and others impacts personal and interpersonal wellbeing. Tenzin

Gyatso, the 14th Dalai Lama has famously said that "*For someone to develop genuine compassion towards others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's own feelings and to care for one's own welfare…Caring for others requires caring for oneself.*" Empirically, however, this does not seem to be the case. Many people are compassionate to others but not to themselves, and the link between the two is relatively weak (Neff & Pommier, 2012). Nonetheless, it may be that having high levels of self-compassion in conjunction with compassion for others qualitatively changes the way compassion is expressed, or perhaps makes it more sustainable without burnout or "compassion fatigue." More research will be needed to examine these issues.

Einstein famously wrote (quoted in *The New York Times*, March 29, 1972) that the delusion of separation that persists in Western society is "*a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty."* It appears that science is joining this task, an endeavor that we hope will have significant and long-lasting impacts on humanity at large.

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