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### *Self-Compassion and Psychological Well-being*

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This chapter will provide an overview of theory and research on self-compassion and its link to psychological well-being, which is the goal of clinical practice. It will discuss what self-compassion is and what it isn't (e.g., a form of weakness, selfishness, etc.), and provide empirical evidence to support these distinctions. Finally, it will discuss methods that have been developed to teach individuals how to be more self-compassionate in their daily lives, some clinical implications of self-compassion training, and future directions for research.

#### **What is self-compassion?**

To better understand what is intended by the term *self-compassion*, it is helpful to first consider what it means to feel compassion for others, a concept many of us have more familiarity with. Compassion involves sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering (Goertz, Keltner & Simon-Thomas, 2010). This means opening one's awareness to the pain of others, without avoiding or disconnecting from it, allowing feelings of kindness towards others and a desire to ameliorate their suffering to emerge (Wispe, 1991). Compassion also involves an understanding of the shared human condition, fragile and imperfect as it is, as well as a willingness to extend that understanding to others when they fail or make mistakes. Instead of looking away or rolling up your window when you pull up next to that homeless man at a stoplight, for example, you pause and take a moment to reflect on how

difficult things are for him. By stepping out of your usual frame of reference and placing yourself in his position, you start to see him as an actual human being who is in pain. Once this happens, your heart can't help but resonate with his; compassion literally means "to suffer with" (Lewis & Short, 1879) Rather than trying to tune him out, you might discover that his situation has emotionally moved you, compelling you to help ease his pain in some way.

Self-compassion is simply compassion directed inward. Just as we can feel compassion for the suffering of others, we can extend compassion towards the self when we experience suffering, regardless of whether the suffering resulted from external circumstances or our own mistakes, failures and personal inadequacies. Self-compassion, therefore, involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience.

#### *The three facets of self-compassion*

Drawing on the writings of various Buddhist teachers (e.g., Salzberg 1997), Neff (2003b) has operationalized self-compassion as consisting of three main elements: kindness, a sense of common humanity, and mindfulness. These components combine and mutually interact to create a self-compassionate frame of mind. Self-compassion is relevant when considering personal inadequacies, mistakes, and failures, as well as when confronting painful life situations that are outside of our control.

*Self-kindness.* Western culture places great emphasis on being kind to our friends, family, and neighbors who are struggling. Not so when it comes to ourselves. When we make a mistake or fail in some way, we may be more likely to beat ourselves up than put a supportive arm

around our own shoulder. This tendency towards self-criticism is particularly prevalent among those of us who live with anxiety disorders and depression (Blatt, 1995). And even when our problems stem from forces beyond our control, such as an accident or traumatic event, we often focus more on fixing the problem than calming and comforting ourselves (Austenfeld & Stanton, 2004). Western culture often sends the message that strong individuals should be like John Wayne - stoic and silent toward their own suffering. Unfortunately, these attitudes rob us of one of our most powerful coping mechanisms when dealing with the difficulties of life – the ability to comfort ourselves when we’re hurting and in need of care.

Self-kindness refers to the tendency to be supportive and sympathetic toward ourselves when noticing personal shortcomings as opposed to harshly judging ourselves. It entails relating to our mistakes and failings with tolerance and understanding, and recognizing that perfection is unattainable. Self-compassion is expressed in internal dialogues that are benevolent and encouraging rather than cruel or disparaging. Instead of berating ourselves for being inadequate, we offer ourselves warmth and unconditional acceptance. Instead of getting fixated in a problem-solving mode and ignoring our own suffering, we pause to emotionally comfort ourselves when confronting painful situations. With self-kindness, we make a peace offering of warmth, gentleness, and sympathy from ourselves to ourselves, so that true healing can occur.

*Common humanity.* All humans are flawed works-in-progress; everyone fails, makes mistakes, and engages in dysfunctional behavior. All of us reach for things we cannot have, and have to remain in the presence of difficult experiences that we desperately want to avoid. Just as the Buddha realized, some 2,600 years ago, we all suffer (Makransky, 2012). Often, however, we feel isolated and cut off from others when considering our struggles and personal shortcomings, irrationally reacting as if failure and pain were aberrations. This isn’t a logical process, but a kind

of tunnel vision in which we lose sight of the larger human picture and focus primarily on our own seemingly feeble and worthless selves. Similarly, when things go wrong in our external lives through no fault of our own, we often assume that other people are having an easier time of it, that our own situation is abnormal or unfair. We feel cut off and separate from other people who are presumably leading “normal” happy lives. This egocentric response resembles "the personal fable" commonly observed among adolescents - the belief that one's personal experience is unique and unrelated to that of others (Lapsley, FitzGerald, Rice & Jackson, 1989). It still lives on in adulthood, however, especially in terms of how we relate to our own suffering.

With self-compassion, however, we take the stance of a compassionate “other” toward ourselves. Through this act of perspective taking, our outlook becomes broader and more inclusive, recognizing that life’s challenges and personal failures are simply part of being human. Self-compassion helps us to feel more connected and less isolated when we are in pain. More than that, it helps put our own situation into context. Perhaps a situation that seemed like the end of the world at first, being fired from a job, for instance, doesn’t seem quite as terrible when considering that other people lose their homes or their loved ones. Remembering the shared nature of suffering not only makes us feel less isolated, it also reminds us things could be worse.

Recognition of common humanity also reframes what it means to be a self. When we condemn ourselves for our inadequacies, we are assuming that there is in fact a separate, clearly bounded entity called “me” that can be pinpointed and blamed for failing. But is this really true? We always exist in a present moment context, and the range of our behavioral responses is informed by our individual history (Hayes, 1984). Let’s say you criticize yourself for having an anger issue. What are the causes and conditions that led you to be so angry? Perhaps in-born genetics plays a role. But did you choose your genes before entering this world? Or maybe you

grew up in a conflict-filled household in which shouting and anger were the only ways to get heard. But did you choose for your family to be this way? If we closely examine our “personal” failings, it soon becomes clear that they are not entirely personal. We are the expression of millions of prior circumstances that have all come together to shape us in the present moment. Our economic and social background, our past associations and relationships, our family history, our genetics - have all had a profound role in creating the person we are today (Krueger, South, Johnson & Iacono, 2008; Riemann, Angleitner, & Strelau, 1997; Triandis & Suh, 2002). And thus we can have more acceptance and understanding for why we aren't the perfect people we want to be.

*Mindfulness.* Mindfulness involves being aware of present moment experience in a clear and balanced manner (Brown & Ryan, 2003). Mindful acceptance involves being “experientially open” to the reality of the present moment, allowing whatever thoughts, emotions, and sensations enter awareness without judgment, avoidance, or repression (Bishop et al., 2004). Why is mindfulness an essential component of self-compassion? First, it is necessary to recognize that you are suffering in order to give yourself compassion. While it might seem that suffering is obvious, many people don't acknowledge the extent of their own pain, especially when that pain stems from their own self-criticism. Or when confronted with life challenges, people often get so absorbed by the process of trying to fix their problems that they don't pause to consider how much they are struggling in the moment. While the tendency to suppress or ignore pain is very human, an avoidant style of coping with negative emotions can lead to dysfunctional and ultimately ineffective strategies such as substance misuse, binge-eating, or social withdrawal (Holahan & Moos, 1987). Mindfulness counters the tendency to avoid painful thoughts and emotions, allowing us to bear witness to our experience even when unpleasant.

At the same time, being mindful means that we don't become "overidentified" (Neff, 2003b) with negative thoughts or feelings, so that we are caught up and swept away by our aversive reactions (Bishop et al., 2004). This type of rumination narrows our focus and exaggerates implications for self-worth (Nolen-Hoeksema, 1991). Not only did I fail, "I AM A FAILURE." Not only am I disappointed, "MY LIFE IS DISAPPOINTING." Over-identification means that we define ourselves in terms of our behaviors, reifying them as definitive and permanent. When we observe our pain mindfully, however, new behaviors become possible. Like a clear, still pool without ripples, mindfulness mirrors what's occurring without distortion, allowing us to take a wiser and more objective perspective on ourselves and our lives.

### **Research on Self-compassion**

Thus far, the large majority of research examining the link between self-compassion and well-being have been conducted using the Self-Compassion Scale (SCS: Neff, 2003a), which assesses trait levels of self-compassion. The SCS was developed to explicitly represent the thoughts, emotions and behaviors associated with the various components of self-compassion. It includes items that measure how often people respond to feelings of inadequacy or suffering with Self-Kindness (e.g., "I try to be loving towards myself when I'm feeling emotional pain"), Self-Judgment (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), Common Humanity (e.g., "I try to see my failings as part of the human condition"), Isolation (e.g., "When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world"), Mindfulness (e.g., "When something painful happens I try to take a balanced view of the situation"), and Over-Identification (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). Responses are given on a 5-point scale from

“Almost Never” to “Almost Always.” Items representing uncompassionate responses to suffering are reverse-coded so that higher scores represent a lower frequency of these responses. Means are then calculated for each subscale, and a grand mean is calculated that represents an overall measure of self-compassion. Thus, the SCS can be used as an overall measure of self-compassion. Alternatively, the six subscales of the SCS can be examined separately.

There has been some controversy over whether or not the factor structure of SCS generalizes across populations (e.g., Costa et al., 2015; Williams, Dalgleish, Karl & Kuyken, 2014), and whether an overall self-compassion score can be reliably used. However, recent research using bifactor analyses suggests that an overall self-compassion factor explains at least 90% of item variance across student, community, meditator, and clinical populations (Neff, Whittaker & Karl, submitted), providing support for the use of a total SCS score to represent overall trait levels of self-compassion.

Studies suggest that trait levels of self-compassion are linked to well-being. For instance, higher scores on the SCS have been associated with greater levels of happiness, optimism, life satisfaction, body appreciation, perceived competence, and motivation (Hollis-Walker & Colosimo, 2011; Neff, Hsieh & Dejittthirat, 2005; Neff, Pisitsungkagarn & Hsieh, 2008; Neff, Rude, & Kirkpatrick, 2007;) as well as lower levels of depression, anxiety, stress, rumination, body shame and fear of failure (Daye, Webb & Jafari, 2014; Finlay-Jones, Rees, & Kane, 2015; Neff, Hsieh, & Dejittthirat, 2005; Raes, 2010). Higher scores on the SCS have also been associated with healthier physiological responses to stress (Breines, Thoma et al., 2014; Breines, Toole et al., 2014; Friis et al, 2015).

Increasingly, however, researchers are starting to use other methods to examine the link between self-compassion and wellbeing such as mood inductions (e.g., Breines & Chen, 2012);

behavioral observations (Sbarra, Smith, & Mehl, 2012), short-term interventions (e.g., Smeets, Neff, Alberts & Peters, 2014) and longer-term interventions (e.g., Neff & Germer, 2013). Findings using non-self-report methodologies tend to converge with findings obtained with the SCS. For instance, self-compassion interventions have been found to increase optimism, happiness, life satisfaction, self-efficacy and body appreciation, to decrease rumination, depression, anxiety, stress and body shame (Albertson et al., 2014; Neff & Germer, 2013; Shapira & Mongrain, 2010; Smeets et al., 2014), and to positively impact physiological responses to stress (Arch et al., 2014.) Similarly, experimental studies designed to induce a self-compassionate mood (i.e., responding to writing prompts that foster self-kindness, common humanity and mindfulness in response to suffering) have been shown to increase positive affect and motivation and also decrease negative emotions such as anxiety, shame, and depression (Breines & Chen, 2012; Diedrich et al, 2014; Johnson & O'Brien, 2013; Leary et al, 2007; Odou & Brinker, 2014).

Summing up an increasingly large body of research, a consistent finding in the literature is that self-compassion is inversely associated with psychopathology. In fact, a recent meta-analysis (MacBeth & Gumley, 2012) found a large effect size when examining the link between self-compassion and negative states such as depression and anxiety across 20 studies. Of course, a key feature of self-compassion is lower levels of self-criticism, and self-criticism is known to be an important predictor of anxiety and depression (Blatt, 1995). However, self-compassion is still a negative predictor of anxiety and depression when controlling for self-criticism and negative affect (Neff, 2003a; Neff, Kirkpatrick & Rude, 2007). Greater self-compassion is also linked with less rumination, perfectionism, and fear of failure (Neff, 2003a; Neff, Hsieh, & Dejitterat, 2005). The resilience self-compassion offers against negative states of mind may be



related to the finding that giving compassion to oneself tends to decrease cortisol and increase heart-rate variability (associated with the ability to self-soothe when stressed; Rockliff, Gilbert, McEwan, Lightman, & Glover, 2008).

Self-compassion appears to facilitate coping by moderating people's reactions to negative events. In an elegant series of experimental studies, Leary et al. (2007) asked undergraduates to recall unpleasant events, imagine hypothetical situations about failure, loss, and humiliation, perform an embarrassing task, and disclose personal information to another person who gave them ambivalent feedback. Results indicated that individuals who were higher in trait self-compassion demonstrated less extreme reactions, less negative emotions, more accepting thoughts, and a greater tendency to put their problems into perspective, while at the same time acknowledging their own responsibility, than individuals who were lower in self-compassion.

While self-compassion appears to loosen the grip of negativity, it's important to remember that self-compassion does not eliminate or push away negative emotions altogether. In fact, more self-compassionate individuals are less likely to suppress unwanted thoughts and emotions than those with less self-compassion (Neff, 2003a), and more likely to acknowledge and validate the importance of their emotions (Leary et al, 2007; Neff, Hseih, Dejitterat, 2005). In one study, for instance, Neff et al. (2007) gave participants a mock job interview that asked them to "describe their greatest weakness." The results indicated that levels of self-compassion were unrelated to how many negative self-descriptors people used when describing their weaknesses. However, more self-compassionate people were less likely to develop anxiety as a result of the interview. Also, individuals with greater self-compassion tended to use language that indicated connection rather than isolation when writing about their weakness. For example, they used fewer first person singular pronouns such as "I", in favor of first person plural

pronouns such as “we,” and making more social references to friends, family, and others. These findings suggests that self-compassion may decrease maladaptive emotional reactions because weaknesses feel less threatening when considered in the light of the shared human experience.

Research suggests that self-compassion is associated with a number of positive psychological strengths. For instance, people higher in trait self-compassion report feeling happier than those with lower levels (Hollis-Walker & Colosimo, 2011; Neff, Rude & Kirkpatrick, 2007; Shapira & Mongrain, 2010; Smeets et al., 2014). They also display higher levels of optimism, gratitude and positive affect more generally (Breen, Kashdan, Lenser, & Fincham, 2010; Neff, Rude & Kirkpatrick, 2007). Self-compassion has also been linked to emotional intelligence, wisdom, personal initiative, curiosity, intellectual flexibility, life satisfaction, and feelings of social connectedness - which are all important components of a meaningful life (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Martin, Stagers, & Anderson, 2011; Neff, 2003a; Neff, Rude & Kirkpatrick, 2007). In addition, the trait of self-compassion has been associated with feelings of autonomy, competence, relatedness, and self-determination (Magnus, Kowalski, & McHugh, 2010; Neff, 2003a), suggesting that self-compassion helps meet the basic psychological needs that Ryan and Deci (2001) argue are fundamental to eudaimonic well-being.

In order to better understand why self-compassion generates such a positive mind-state at the same time that it ameliorates negative mind-states, it's useful to think of the three components of self-compassion in terms of loving (kindness), connected (common humanity), presence (mindfulness). When we hold our pain in "loving connected presence," we simultaneously generate positive emotions while lessening our negative emotions through self-soothing.

Of course, many people have misgivings about self-compassion that get in the way of them actually adopting this mindset. In fact, many people are afraid of being self-compassionate because they believe it will harm them in some way (Gilbert, McEwan, Matos & Rivis, 2011). Fortunately, there is now enough research evidence to suggest that these misgivings are actually misconceptions, false beliefs and understandings of what self-compassion really entails. We will address these misgivings one by one.

### **Misgivings about Self-Compassion**

*Self-compassion is weak.* Self-compassion is for sissies isn't it? A hearts and flowers approach to life that will make us soft. In fact, psychologists are discovering that self-compassion is a powerful source of coping and resilience. For instance, Sbarra et al. (2012) found that self-compassion was key in helping people adjust after divorce. Researchers asked divorcing adults to complete a 4-minute stream-of-consciousness recording about their separation experience, and independent judges 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. Self-compassion also appears to aid adjustment to university life. Undergraduates with higher levels of self-compassion experienced less psychological distress when confronted with academic pressure and social difficulties (Kyeong, 2013) and also had fewer feelings of homesickness during their first semester at college (Terry, Leary & Metta, 2012).

Research indicates that self-compassion is also an important tool for successfully coping with a variety of health problems. For instance, individuals with more self-compassion have been shown to maintain more emotional balance, function better in daily life and subjectively perceive less pain as a result of chronic pain (Costa & Pinto-Gouveia, 2011; Wren et al., 2012). Self-

compassion has also been linked to resilience in adults with spina bifida (Hayter & Dorstyn, 2013), breast cancer (Przedziecki et al., 2012), and positive HIV status (Brion, Leary, & Drabkin, 2014). Self-compassion may also be an important protective factor for PTSD (Thompson and Waltz, 2008). For instance, the level of self-compassion displayed by combat veterans returning from Iraq or Afghanistan was a better predictor of PTSD symptomology than level of combat exposure itself (Hiraoka et al., 2015). Similarly, the self-compassion levels of parents of autistic children predicted how much stress they experienced than the severity of their child's autism (Neff & Faso, 2014). It's not just what you face in life that matters, it's how you treat yourself when life gets tough that seems to determine our ability to get through.

*Self-compassion is lazy.* Perhaps the biggest block to self-compassion is the belief that it will undermine our motivation. In fact, research suggests that some people actually fear having self-compassion because they think it will undermine their efforts to reach their goals (Gilbert et al., 2011). But is this true? A good analogy can be found in how good parents motivate their children. Would a compassionate father ruthlessly criticize his son when he messes up, telling him he's a hopeless failure? Of course not. Instead, he would reassure his child that it's only human to make mistakes, and offer whatever support needed to help him do his best. The child will be much more motivated to try to attain his goals in life when he can count on his father's encouragement and acceptance when he fails rather than being belittled and labeled as unworthy.

It seems easy to see this when thinking about healthy parenting, but it's not so easy to apply this same logic to ourselves. We are deeply attached to our self-criticism, and at some level we probably think the pain is helpful. To the extent that self-criticism *does* work as a motivator, it's because we are driven by the desire to avoid self-judgment when we fail. But if we know that failure will be met with a barrage of self-criticism, sometimes it can be too frightening to even

try. With self-compassion, however, we strive to achieve for a very different reason—because we *care*. You might say that the motivation of self-compassion arises from love, while the motivation of self-criticism arises from fear. If we truly care about ourselves, we will do things to help us be happy, such as taking on challenging new projects or learning new skills. And because self-compassion gives us the safety needed to acknowledge our weaknesses, we'll be in a better position to change them for the better.

There is ample empirical evidence to support the idea that self-compassion enhances rather than undermines motivation. For instance, while self-compassion is negatively related to perfectionism, it has no association with the level of performance standards adopted for the self (Neff, 2003a). Self-compassionate people aim just as high, but also recognize and accept that they can't always reach their goals. People with higher levels of self-compassion have been found to have less motivational anxiety and to engage in fewer self-handicapping behaviors such as procrastination than those with lower levels (Sirois, 2013; Williams, Stark, & Foster, 2008).

In a series of four experimental studies, Breines and Chen (2012) used mood inductions 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"), a self-compassion induction (e.g. "express kindness and understanding") resulted in more motivation to change for the better, try harder to learn, and repair past harms and avoid repeating past mistakes. More self-compassionate people have been found to have less fear of failure (Neff, Hsieh & Dejittthirat, 2005), but when they do fail they are more likely to try again (Neely, Schallert, Mohammed, Roberts, & Chen, 2009).

*Self-compassion means being self-indulgent.* Doesn't being kind to yourself mean giving

yourself whatever you want? No. Self-compassion is concerned with the alleviation of suffering. Self-indulgence, on the other hand, involves giving oneself short-term pleasure at the cost of long-term harm. A compassionate mother wouldn't give her daughter endless bowls of ice-cream and let her skip school whenever she wanted. That would be indulgent. Instead, a compassionate mother tells her child to do her homework and eat her vegetables. Self-compassion avoids self-indulgent behavior because it leads to harm in the long run, whereas well-being often requires denying immediate gratification.

Research suggests that self-compassion is linked to healthier living. For instance, the trait of self-compassion appears to be an important feature of healthy aging (Allen, Goldwasser & Leary, 2012; Allen & Leary, 2013; Terry & Leary, 2011), and a recent meta-analysis indicates that self-compassion is associated with a variety of health-related behaviors (Sirois, Kitner & Hirsch, 2015). Kelly, Zuroff, Foa, and Gilbert (2009) examined whether self-compassion could help people stop or reduce smoking. Individuals trained to feel compassionate about the difficulties of giving up smoking reduced their smoking to a greater extent than those trained to reflect upon and monitor their smoking. The self-compassion intervention was especially effective among those who were highly self-critical or resistant to change. Other research suggests that increasing self-compassion helps alcohol-dependent individuals reduce their alcohol use (Brooks, Kay-Lambkin, Bowman & Childs, 2012). Women with more self-compassion have been found to be more intrinsically motivated to exercise, and their goals for exercising were related to health rather than ego-concerns (Magnus et al., 2010; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011).

In addition to behavioral changes, self-compassion may enhance health directly by strengthening immune function. A recent study by Brienes et al. (2014) found that individuals

with higher levels of self-compassion displayed better immune function when exposed to a standard laboratory-based stressor (the Trier Social Stress Test). Moreover, self-compassion predicted immune response even when controlling for self-esteem and depression levels. This basic finding was replicated in a group of people who underwent brief self-compassion training (Arch et al., 2014). Thus, self-compassion appears to enhance both physical and mental well-being.

*Self-compassion is narcissistic.* But isn't self-compassion just a tired rehash of self-esteem, a way of believing we are better than others? Many people fear that this is the case. There is an important distinction between self-compassion and self-esteem, however. Self-esteem refers to the degree to which we evaluate ourselves positively. There is general consensus that self-esteem is essential for good mental health, while the lack of self-esteem undermines well-being by fostering depression, anxiety, and other pathologies (Leary, 1999). There are potential problems with high self-esteem, however, not in terms of having it, but in terms of getting and keeping it (Crocker & Park, 2004). In American culture, high self-esteem requires standing out in a crowd—being special and above average (Heine, Lehman, Markus, & Kitayama, 1999). It is often based on comparisons with others, and is contingent upon success (Harter, 1999). The self-esteem movement in the United States has also been linked to an epidemic of narcissism among college undergraduates (Twenge & Campell, 2008). In contrast, self-compassion is not based on positive judgments or evaluations—it is a way of *relating* to ourselves. It's easier to achieve self-compassion than self-esteem given that it only requires that we acknowledge our limitations with kindness, rather than changing our self-evaluations from negative to positive. We have self-compassion because we are human beings, not because we are special or above average. This means that we don't have 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—in good times and bad.

Research suggests that while self-compassion yields similar mental health benefits as self-esteem, it doesn't have the same pitfalls in terms of social comparison or contingency on success. In a survey involving a large community sample in the Netherlands (Neff & Vonk, 2009), for instance, trait self-compassion was associated with more stability in feelings of state self-worth (how valuable one feels in the moment) over an eight month period (assessed 12 different times) than global levels of trait self-esteem. This was related to the fact that self-compassion was found to have a weaker link with a sense of self-worth that was contingent on things like physical attractiveness or successful performances than self-esteem. Results indicated that trait self-compassion was associated with lower levels of social comparison, public self-consciousness, self-rumination, anger, and close-mindedness than self-esteem. Also, self-esteem had a robust association with narcissism while self-compassion had no association with narcissism. 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.

Leary et al. (2007) compared self-compassion and self-esteem using a mood induction. Participants were instructed to recall a previous failure, rejection, or loss that made them feel badly about themselves, and were then asked a series of questions that assessed their feelings about the event. Participants responded to prompts to write about what happened with self-compassion (e.g. reflect on the event with kindness, a sense of common humanity, and mindfulness), or in a way that bolstered their self-esteem (write about your positive



characteristics and interpret the event in a way that makes you feel better about yourself).

Participants who received the self-compassion instructions reported less negative emotions when thinking about the past event than those in the self-esteem condition. They also took more personal responsibility for the event than those in the self-esteem condition, suggesting that self-compassion does not lead to “letting oneself off the hook.”

In another study (Leary et al., 2007) participants were asked to make a video-tape that would introduce and describe themselves. They were then told that someone would watch their tape and give them feedback in terms of 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. Participants who were higher in trait self-compassion 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 neutral feedback was due to their own personality but rather to factors such as the observer’s mood. This suggests that self-compassion better enables people to accept who they are regardless of the degree of praise they receive from others.

*Self-compassion is selfish.* Is this true? In fact, by treating ourselves in the same way we treat those we care about, it appears that we become *more* connected to others not less. Whereas continual self-criticism leads to ruminative self-focus (Lyubomirsky, Tucker, Caldwell & Berg, 1999; Nolen-Hoeksema, 2000), positive emotions such as self-kindness engender a sense of social connectedness (Fredrickson, 2001; Hutcherson, Seppala, & Gross, 2008). It’s also important to remember that self-compassion is very different than self-pity. While self-pity

emphasizes egocentric feelings of separation and exaggerates the extent of personal distress, self-compassion allows us to see the related experiences of self and other without distortion.

Moreover, recognition of common humanity helps put our own situation into greater perspective.

There is research evidence that self-compassion benefits interpersonal relationships. In a study of heterosexual couples (Neff & Beretvas, 2013), individuals who were more self-compassionate were described by their partners as being more emotionally connected, accepting and autonomy-supporting while being less detached, controlling, and verbally or physically aggressive than those with less self-compassion. Self-compassion was also associated with greater relationship satisfaction and attachment security. When people give themselves care and support, they appear to have more emotional resources available to give to their partners.

Research has found that college students with higher levels of self-compassion tend to have more compassionate goals in relationships with friends and roommates, meaning they tend to provide social support and encourage interpersonal trust (Crocker & Canevello, 2008). Other research (Yarnell & Neff, 2013) has found that individuals with greater self-compassion were more likely to report compromising in conflict situations with mothers, fathers, and romantic partners, while those with less self-compassion tended to subordinate their needs to those of others. This pattern makes sense given that people with higher levels of self-compassion say they tend to be equally kind to themselves as others, but people with lower levels of self-compassion say they tend to be kinder to others than themselves (Neff, 2003a). Finally, self-compassion has been associated with the tendency to apologize and repair past relationship harms (Breines & Chen, 2012; Howell, Dopko, Turowski, & Buro, 2011), thereby facilitating harmony within relationships.

An interesting question concerns whether or not self-compassionate people are more compassionate towards others in general. Some evidence suggests that self-compassion

stimulates parts of the brain associated with other-focused compassion. Using fMRI technology, Longe et al. (2010) found that instructing individuals to be self-compassionate simulated neuronal activity similar to that evoked in empathy for others. This finding suggests that the tendency to respond to suffering with caring concern is a process broadly applicable to the self and others. However, the link between compassion for self and others is not completely straightforward, and varies somewhat according to age and life experiences.

Neff and Pommier (2013) examined the link between self-compassion and other-focused concern among college undergraduates, an older community sample, and individuals practicing Buddhist meditation. In all three groups, people with higher levels of self-compassion were less likely to experience personal distress, i.e. were more able to confront others' suffering without being overwhelmed. In addition, self-compassion was significantly associated with forgiveness. Forgiving others requires understanding the vast web of causes and conditions 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. Self-compassion was significantly but weakly ( $r < .30$ ) linked to compassion for others, empathetic 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 themselves (Neff, 2003a), attenuating the association. Interestingly, there was no link found between self-compassion and other-focused concern (i.e., compassion, empathetic concern and altruism) among undergraduates, even though their levels of self-compassion and other-focused concern were the same as that of community adults. The lack of association between concern for self and others may be due to the fact that young adults often struggle to recognize the shared aspects of their life experience, overestimating their distinctiveness from others (Lapsley, FitzGerald, Rice, & Jackson, 1989). Their beliefs about

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 like loving-kindness meditation that simultaneously cultivate compassion for self and others (Hofmann, Grossman, & Hinton, 2011).

While there are many people in the world who are compassionate to others but not to themselves, it is difficult to sustain this way of being without burning out. Research indicates that the trait of self-compassion is linked to less compassion fatigue among counselors, and greater “compassion satisfaction”—the positive feelings experienced from one’s work such as feeling energized, happy, and grateful for being able to make a difference in the world (Newsome, Waldo & Gruszka, 2012; Shapiro, Brown & Biegel, 2007). Similarly, Bernard and Curry (2012) found that clergy who were more self-compassionate were less likely to suffer from burnout from attending to the needs of their parishioners, and were also more satisfied with their roles in the ministry. In a study of health care professionals, Shapiro, Astin, Bishop, and Cordova (2005) found that mindfulness training increased participants’ self-compassion, which in turn predicted reductions in their stress levels. Thus, giving oneself compassion appears to provide the emotional resources needed to care for others.

### **Can Self-Compassion Be Taught?**

Research suggests that self-compassion is not just a pre-existing personality trait - training in self-compassion can also result in enhanced psychological well-being. There are several studies indicating that relatively brief training in self-compassion can be highly effective. For instance, Smeets et al. (2014) developed a 3-week self-compassion intervention for college students. The intervention involved a combination of discussion, self-compassion practices such as putting one's hand on one's heart in times of distress, and various exercises such as focusing

on identifying the inner critic and finding compassionate ways to motivate the self. At the end of the intervention, students in the experimental condition showed significantly greater increases in self-compassion, mindfulness, optimism, and self-efficacy, and decreases in rumination in comparison to a time management control group. Shapira and Mongrain (2010) examined the impact of a self-compassionate letter writing intervention, which involved writing a paragraph about a recent difficulty in a kind, understanding way, as a good friend would do. After seven days of letter writing, they found that this activity not only decreased depression levels for three months, but it also increased happiness levels for six months. Similarly, Albertson, Neff, and Dill-Shackleford (2014) conducted a study among women with body image concerns that involved them listening to guided self-compassion meditations on the internet for three weeks. They found that the intervention produced significant decreases in body dissatisfaction, body shame, and contingent self-worth based on appearance, as well as increases in self-compassion and body appreciation compared to a waitlist control group. All gains were maintained for three months. These results indicate that even brief self-compassion interventions can be effective in teaching self-compassion skills and enhancing well-being.

Self-compassion can also be enhanced through longer-term interventions. For example, enhanced self-compassion appears to be an important outcome of mindfulness-based interventions such as Mindfulness-Based Stress Reduction (MBSR) and Acceptance and Commitment Therapy (Yadavaia, Hayes & Vilardaga, 2014). Shapiro et al. (2005) found that health care professionals who took an MBSR program reported significantly increased self-compassion and reduced stress levels compared to a wait-list control group. They also found that increases in self-compassion mediated the reductions in stress associated with the program.

The authors recently developed a program to teach self-compassion skills to the general

population, called Mindful Self-Compassion (MSC; Neff & Germer, 2013). In this program (described in detail below), participants meet for about 2.5 hours once a week for eight weeks, and also attend a half-day silent meditation retreat. The MSC program teaches a variety of meditations (e.g., loving-kindness, affectionate breathing) and informal practices for use in daily life (e.g., soothing touch, self-compassionate letter writing). Self-compassion is evoked during the classes using experiential exercises, and home practices are taught in order help participants develop the habit of self-compassion. While the course primarily focuses on building the skill of self-compassion, many of its meditations and exercises are focused on using self-compassion as a means of sustaining and expanding compassion for others, given that the two mutually support each other. Participants are encouraged to practice these techniques for a total of 40 minutes per day, either in formal sitting meditation or informally throughout the day.

A typical MSC group typically consists of 10-25 participants and, depending on the size of the group, one or two teachers. Since group participants are likely to encounter uncomfortable emotions, it is recommended that at least one teacher be a trained mental health professional. MSC co-leaders teach by modeling—by *embodying* compassion and self-compassion. Teachers also encourage participants to support one another on the path to self-compassion by sharing their own experiences in a safe, confidential, respectful atmosphere. The purpose of the course is to develop the inner resource of self-compassion that enables individuals to safely engage difficulties as they arise in their lives.

Neff and Germer (2013) recently conducted a randomized controlled study of the MSC program that compared outcomes for a treatment group ( $N = 24$ ; 78% female;  $M$  age = 51.21) to a waitlist control group ( $N = 27$ ; 82% female;  $M$  age = 49.11). Compared to controls, MSC participants demonstrated a significant increase in self-compassion, mindfulness, compassion for

others and life satisfaction, while decreasing in depression, anxiety, stress, and emotional avoidance. All gains in outcomes were maintained at six months and one-year follow-up.

### **Clinical Implications**

Self-compassion appears to be a key mechanism of action in the effectiveness of mindfulness-based therapeutic interventions (Baer, 2010), including Mindfulness-based Cognitive Therapy (Kuyken et al., 2010). For instance, Kuyken et al. (2010) compared the effect of MBCT to maintenance anti-depressants on relapse in depressive symptoms. They found that increases in mindfulness and self-compassion following MBCT participation mediated the link between MBCT and depressive symptoms at 15-month follow-up. They also found that MBCT reduced the link between cognitive reactivity (i.e., the tendency to react to sad emotions with depressive thinking styles) and depressive relapse, and that increased self-compassion (but not mindfulness) mediated this association. This suggests that self-compassion may be an important key to changing habitual thought patterns so that depressive episodes are not re-triggered. Similarly, following short-term psychodynamic treatment, higher levels of self-compassion predicted decreases in anxiety, shame and guilt and increases in sadness, anger and closeness. (Schanche, 2011). In the same study, increases in self-compassion predicted fewer psychiatric symptoms and interpersonal problems. Because self-compassion is predicated upon connecting with difficult emotions without self-judgment, it appears to lead to healthier psychological functioning.

Research shows that people who lack self-compassion are more likely to have critical mothers, come from dysfunctional families, and display insecure attachment patterns than self-compassionate people do (Neff & McGeehee, 2010; Wei, Liao, Ku, & Shaffer, 2011). Childhood emotional abuse is associated with lower self-compassion, and individuals with low self-

compassion experience more emotional distress and are more likely to abuse alcohol or make a serious suicide attempt (Tanaka et al, 2011; Vettese, Dyer, Li, & Wekerle, 2011). Research indicates that self-compassion mediates the relationship between childhood maltreatment and later emotional dysregulation, meaning that abused individuals with higher levels of self-compassion are better able to cope with upsetting events (Vettese, Dyer, Li, & Wekerle, 2011). This relationship holds even after accounting for history of maltreatment, current distress level, or substance abuse, suggesting that self-compassion is an important resiliency factor for those traumatized as children.

Early trauma such as childhood neglect or abuse is more likely to lead to self-criticism and shame because those people did not receive sufficient warmth, soothing and affection in childhood (Gilbert & Proctor, 2006). Paul Gilbert and colleagues developed a new treatment model based on self-compassion called Compassion Focused Therapy (CFT; Gilbert, 2009, 2010). Gilbert notes that survivors of childhood maltreatment can readily identify their maladaptive thought patterns (“I’m unlovable.”) and provide alternative self-statements (“*Some people love me.*”), but they don’t necessarily find the process emotionally reassuring. Therefore, the goal of CFT is to “warm up the conversation” (personal communication, 2011). CFT techniques include mindfulness training, visualizations, compassionate cognitive responding, and engaging in self-compassionate overt behaviors and habits. In a pilot study of the compassionate mind training, a structured program based on CFT, hospital day treatment patients struggling with shame and self-criticism showed significant decreases in depression, self-attacking, shame, and feelings of inferiority (Gilbert & Procter, 2006). CFT is currently being used to treat eating disorders, anxiety disorders, bipolar disorders, psychosis, and other forms of suffering with apparent success (Braehler et al., 2013; Gilbert, 2010).



In light of consistent evidence that self-compassion is inversely associated with psychopathology, especially anxiety and depression (MacBeth & Gumley, 2012), efforts to enhance self-compassion in therapy are clearly warranted. It appears that self-compassion may be cultivated either through a compassionate therapeutic relationship or by instructing clients to practice self-compassion exercises (Desmond, 2016; Germer, 2012; Germer & Neff, 2013). Self-compassion also holds promise as an inner resource that mitigates caregiver fatigue (Finley-Jones, Rees & Kane, 2015).

### **Future Research Directions**

While research on self-compassion is growing quickly, there are still many things we don't know about the consequences of treating oneself kindly that should be explored in future research. For instance, are there any hidden disadvantages to practicing self-compassion? To date there is only one published research article identifying any downsides to self-compassion, and only in a particular population in a particular context - men in romantic relationships who are low in conscientiousness. In a series of studies, Baker and McNulty (2011) found that among men low in conscientiousness, self-compassion was associated with less motivation to correct interpersonal mistakes and engage in constructive problem-solving behaviors in romantic relationships. Note that for women self-compassion had a positive impact on their relationship behavior regardless of their level of conscientiousness. The authors interpret their findings to mean that the motivation to repair mistakes in relationships is unrelated to self-compassion and is due to some other cause - being conscientious (in the case of men) or for cultural and/or biological reasons (in the case of women). Of course, it may also be that unconscientious men simply lack clarity about their own thoughts and actions, and that they tended to use the idea of being kind to themselves as a cover for bad behavior. Regardless, it will be important in future

research to determine for whom and when the idea of self-compassion may be misused or even harmful in some way.

We also know very little about group differences in self-compassion. A recent meta-analysis (Yarnell et al., 2015) found that self-compassion increases with age, and that women tend to be less self-compassionate than men. The effect sizes are quite small, however, and the reasons underlying these differences are unclear. It could be that at earlier ages, individuals are less accepting of themselves as they strive to find their place in the world, while with maturity people tend to accept their imperfections with more equanimity. The gender difference might be due to the fact females tend to be more self-critical and to have a more ruminative coping style than males (Leadbeater, Kuperminc, Blatt & Hertzog, 1999; Nolen-Hoeksema, 1987), or else to feminine gender role norms emphasizing self-sacrifice and meeting the needs of others (Ruble & Martin, 1998). Clearly, there is more to be understood about how age and gender differences develop.

Similarly, there has been very little research on cross-cultural differences in self-compassion. For instance, is the lack of self-compassion primarily a Western problem? Neff, Pisitsungkagarn, and Hsieh (2008) examined self-compassion levels in Thailand, Taiwan, and the United States, and found self-compassion was highest in Thailand and lowest in Taiwan, with the United States falling in between. This may be because Thais are strongly influenced by Buddhism and the value of compassion is emphasized in parenting practices and everyday interactions in Thailand. In contrast, the Taiwanese are more influenced by Confucianism, with shame and self-criticism emphasized as a means of parental and social control. Perhaps Americans had more moderate levels of self-compassion due to the mixed messages American cultures gives in terms of positive self-regard (e.g., a strong emphasis on self-esteem but also an

isolating, competitive ethos.) In fact, Americans had significantly higher levels of self-esteem than the other two groups. In all three cultures, however, greater 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. Still, a great deal more research will be needed to understand the role that culture plays in the development of self-compassion, including within cultural differences based on race or class. (See Chapters XX for a discussion of the role of culture and socio-economic status in the expression of compassion for others).

The extent to which mindfulness and self-compassion differ is also unclear and needs more research to be fully understood. While mindfulness is a component of self-compassion, it is likely that the added feelings of warmth and interconnectedness impacts both physiological and psychological functioning in important ways. An important area for future research will also be to determine if, how, when and for whom mindfulness and self-compassion training should be combined. Intuitively, it would seem optimal to learn mindfulness before self-compassion given that mindfulness is needed for compassion. However, people suffering from severe shame or self-criticism might need to first cultivate self-compassion in order to have the sense of emotional safety needed to mindfully open to their pain. Similarly, should people learn to be self-compassionate before taking training programs aimed at developing compassion for others (such as the Compassion Cultivation program, see Chapter XX), or afterward? It is likely that the answers to such questions will depend on a variety of factors such early history, habitual tendencies toward self-criticism, and the motivation to learn mindfulness, self-compassion, or compassion for others in the first place.

Finally, the development of empirically-supported self-compassion interventions for

specific clinical conditions is indicated. For example, since self-compassion appears to mediate the relationship of mindfulness training to recurrent depression (Kuyken, et al., 2010), how might specialized training in self-compassion enhance outcomes for depressed people? And when applying self-compassion to the treatment of childhood trauma, what special adaptations might be needed to insure safe and effective treatment? In general, since mindfulness has become mainstream in clinical practice and self-compassion is a key mechanism of mindfulness, interventions specifically designed to enhance self-compassion appear to have considerable potential.

### **Conclusion**

Research increasingly suggests that the degree to which one treats oneself with care and compassion plays an important role in psychological health. While the majority of research on self-compassion has been correlational, meaning that the direction of causality cannot be assumed, the increasing convergence of findings on the benefits of self-compassion using non-self-report methodologies is beginning to provide more confidence in the conclusion that self-compassion is a powerful way to enhance intrapersonal and interpersonal well-being. When we are mindful of our suffering and respond to it with kindness, remembering that suffering is part of the shared human condition, it appears that we are able to better cope with life's struggles. Adopting a loving, connected, and balanced mind state seems to reduce psychopathology while simultaneously enhancing joy and meaning in life. And by combining acceptance of our present moment experience with the compassionate desire to be happy and free from suffering, we maximize our ability to heal and reach our full potential.

More research is needed to confirm these conclusions, but perhaps the best way to investigate whether or not self-compassion enhances wellbeing is to try it for oneself.

Increasingly, individuals are adopting a scientist-practitioner model in which first person and third person perspectives are integrated (Lane & Corrie, 2007), a process that can yield unique insights into how the human psyche operates. Ultimately it is the *experience* of self-compassion and direct observation of what happens when we treat ourselves as an inner ally rather than an inner enemy that is most likely to convince skeptics of its benefits.

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