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Self-Compassion: Moving beyond the pitfalls of a separate self-concept

The theory and research presented in this volume emphasizes the ways in which an ego-focused stance may lead to problems in personal and interpersonal functioning, suggesting that a quieter ego can lead to enhanced well-being. What does it mean to quiet the ego, however? Does it refer to a type of self-abnegation in which the self's needs are ignored, suppressed, or subordinated to those of others? Quite the opposite. This chapter will provide an overview of theory and research on a form of self-to-self relating known as “self-compassion,” in which egoistic self-focus is minimized at the same time that great care and concern is felt towards the self. In order to understand what is meant by the term “self-compassion,” it is useful to consider what it means to feel compassion more generally. Compassion involves being touched by the suffering of others, opening one’s awareness to others' pain and not avoiding or disconnecting from it, while desiring to alleviate their suffering (Sprechter & Fehr, 2005). It also 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. Self-compassion involves taking a similar stance towards one’s own suffering. Self-compassionate individuals are kind and understanding toward the self when failure, inadequacy, or misfortune are experienced. They also recognize that pain and imperfection are an inevitable part of the human experience, something that we all go through rather than an isolated occurrence happening to “me” alone. Self-compassion also involves taking a balanced perspective on negative self-relevant emotions, so that personal pain is neither suppressed and denied nor exaggerated and dramatized.

Most people say they are less nurturing and harsher with themselves than they are with other people (Neff, 2003). Self-compassionate individuals, on the other hand, say they are

equally kind to themselves and others. Self-compassion can be thought of as a type of open-heartedness in which the boundaries between self and other are softened – all human beings are worthy of compassion, the self included. In this way, self-compassion represents a “quiet ego” because one’s experience is not filtered completely through the lens of a separate self. As a counterpoint to self-compassion, it is useful to consider the more well-known construct of self-esteem, a noisy rather than quiet self-attitude in which the ego is noisily enshrined in flashing lights that scream “me, me, me!” In order to better understand how self-compassion is distinct from self-esteem, the construct of self-esteem will be analyzed before moving on to a review of research on self-compassion.

Self-esteem.

Many psychologists assume that psychological well-being stems from having a strong sense of self with a clearly defined identity (e.g., Erikson, 1968; Mahler, 1967). To the extent that the self is seen as a separate individual who is fully autonomous and wholly responsible for personal thoughts, feelings and behaviors, it becomes imperative that the self be evaluated positively in order to feel acceptable. Not surprisingly then, the construct of self-esteem is often considered the ultimate marker of psychological well-being. Self-esteem refers to how much one likes or values the self, based on congruence with personal standards or on comparisons with others (Coopersmith, 1967; Harter, 1999). In American culture, at least, having high self-esteem means standing out in a crowd - being special and above average (Heine, Lehman, Markus, & Kitayama, 1999). The psychological benefits of high self-esteem have been touted in both academia and the popular press (McKay & Fanning, 1987; Rosenberg, 1979) - leading many schools to adopt large-scale programs to enhance students' self-esteem (e.g., the California Task Force to Promote Self-Esteem). Psychologists are increasingly criticizing the emphasis placed on separation and individuation as indicators of mental health, however, given the potentially self-centered and egocentric nature of this stance (e.g., Cushman, 1990). Similarly, the presumed benefits of raising self-esteem as a means of enhancing well-being are now being

questioned (Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004).

First, it is difficult to raise self-esteem, as people often cling to their self-image (even when negative) as a means of maintaining a continuous and unambiguous and sense of self (Swann, 1996). Moreover, attempts to raise self-esteem – which sometimes involves giving indiscriminate praise or encouraging positive self-affirmations (Hewitt, 1998) – can ignore or obscure patterns of behavior that need to be changed because they are unproductive, unhealthy or harmful. The pursuit of high self-esteem may also cause problems in and of itself. The attempt to maintain self-esteem has been associated with narcissism and feelings of superiority (Bushman & Baumeister, 1998), inflated and unrealistic self-views (Sedikides, 1993), prejudice (Aberson, Healy, & Romero, 2000), and bullying behavior (Salmivalli, Kaukiainen, Kaistaniemi, & Lagerspetz, 1999). To the extent that the self is evaluated in distinction to others, others may be derogated in order to feel better about the self.

Crocker & Park (2004) argue that the pursuit of self-esteem is typically focused on state rather than trait self-esteem. Trait self-esteem represents a global, overall evaluation of self-worth that lasts over time, while state self-esteem refers to how good one feels about oneself at a particular moment in time. Individuals often try to experience positive affect by boosting their state self-esteem above trait levels, and to avoid negative affect by not allowing their state self-esteem to fall below trait levels. Ironically, a person with high self-esteem is in a vulnerable position because even slight failure (e.g., an A student who receives a B) can feel like a self-esteem blow, while the excitement of a self-esteem boost may require near perfection (e.g., an A student needs to receive an A+ to feel anything special). Because it is not always possible to meet personal goals and expectations, even people with high trait self-esteem may have state self-esteem that fluctuates a great deal. Unstable state self-esteem often occurs when perceived self-worth is highly contingent on success in particular domains (Crocker & Wolfe, 2001) – getting that desired job, grade, date, competition trophy, and so on. The more one's self-worth is invested in doing well in a particular domain (such as sports or academics), the greater the boost

to state self-esteem when success is experienced but the greater the drop in state self-esteem when failure occurs. People with unstable, contingent high self-esteem often feel shame when they don't meet their desired self-validation goals and may express anger towards others in an attempt to externalize blame (Kernis, 2005). They may also react with aggression towards those who threaten the ego (Baumeister, Smart, & Boden, 1996).

Self-compassion.

Because of the problems associated with the self-esteem construct, many psychologists have proposed alternative conceptualizations of healthy self-attitudes, such as self-respect (Seligman, 1995), self-efficacy (Bandura, 1990), or true self-esteem (Deci & Ryan, 1995). One self-attitude construct that has received increasing attention lately is self-compassion (Gilbert & Irons, 2005; Leary, Adams, & Tate, 2005; Neff, 2003a, 2003b). Drawing upon writings of various Buddhist scholars (e.g., Brach, 2003; Goldstein & Kornfield, 1987; Salzberg, 1997), Neff (2003b) has defined self-compassion as being composed of three main components - self-kindness, common humanity, and mindfulness.

Self-kindness. Self-compassion entails being warm and understanding towards oneself when encounter suffering, inadequacy or failure, rather than ignoring one's pain or flagellating oneself with self-criticism. Self-compassionate people recognize that being imperfect, failing, and experiencing life difficulties is inevitable, so they tend to be gentle with themselves when confronted with painful experiences rather than getting angry when life falls short of set ideals. People cannot always be or get exactly what they want. When this reality is denied or fought against suffering increases in the form of stress, frustration and self-criticism. When this reality is accepted with sympathy and kindness, greater emotional equanimity is experienced.

Common humanity. Frustration at not having things exactly as one wants is often accompanied by an irrational but pervasive sense of isolation – as if “I” were the only person suffering or making mistakes. When one's experiences are interpreted from the perspective of a separate self, there is little room left over for thinking about or remembering the similar

experiences of others. All humans suffer, however. The very definition of being “human” means that one is mortal, vulnerable and imperfect. Therefore, self-compassion involves recognizing that suffering and personal failure is part of the shared human experience - something that we all go through rather than being something that happens to “me” alone.

Mindfulness. Self-compassion also requires taking a balanced approach to one’s negative emotions so that feelings are neither suppressed nor exaggerated. This equilibrated stance stems from the process of relating personal experiences to those of others who are also suffering, thus putting one’s own situation into a larger perspective. It also stems from the willingness to observe negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness (Bishop, et al., 2004). Mindfulness is a non-judgmental, receptive mind state in which individuals observe their thoughts and feelings as they are, without trying to suppress or deny them (Brown & Ryan, 2003). One cannot ignore one’s pain and feel compassion for it at the same time. Conversely, mindfulness requires that one not be “over-identified” with mental or emotional phenomena, so that one is caught up and swept away by one’s aversive reaction (Bishop et. al, 2004). This latter type of response involves narrowly focusing and ruminating on one’s negative emotions (Nolen-Hoeksema, 1991), often with an exaggerated emphasis on implications for self-worth. The mental “space” provided by taking a more impersonal approach to one’s negative self-relevant emotions, therefore, allows for greater emotional well-being.

The idea behind self-compassion is that paradoxically, healthy and constructive self-attitudes stem in part from de-emphasizing the separate self, rather than by building up and solidifying one’s unique identity. By recognizing that personal thoughts, feelings and actions are impacted by factors not typically included in one’s self-concept, such as parenting history, culture, genetic and environmental conditions, as well as the behavior and expectations of others, one gains appreciation for what Thich Nhat Hahn (1987) calls “interbeing.” Hahn argues that by recognizing the intricate web of reciprocal cause and effect in which we are all imbedded, people are able to be less judgmental about personal failings. If individuals had full control over their

behavior, it is unlikely that many would consciously decide to have anger issues, addiction issues, debilitating social anxiety, eating disorders, and so on. Many aspects of ourselves and the circumstances of our lives are not of our conscious choosing, but instead stem from innumerable factors (genetic and/or environmental) that we have little control over. By recognizing our essential interdependence, therefore, failings and life difficulties do not have to be taken so personally. Rather, problems can be approached with a compassionate, accepting mindset that maximizes the emotional equanimity needed to recognize and act upon possible ways to improve the situation (or at least our response to it). In contrast, the belief in a separate self that is distinct from others means that the self's successes and failures tend to be taken highly personally (at least when the blame for failure can't be easily shunted off), and tends to engender a competitive mindset in which the self's worth is judged and evaluated in distinction to others. This false sense of separation may lead to high self-esteem when the self succeeds, but when the self fails it can also lead to harsh self-judgment, perceived isolation, and difficulty facing painful truths about oneself with clarity and balance.

Because self-compassion treats the painful experiences of all humans (the self included) with compassion and understanding, it helps to maintain a balanced integration between concerns with self and others - a state that researchers are increasingly recognizing as essential to optimal psychological functioning (Deci & Ryan, 2000). This balance does not stem from pitting concerns with oneself against concerns with others and finding some sort of compromise half-way point. Instead, it recognizes that all individuals should be treated with kindness and caring, and that a compassionate attitude toward oneself is needed to avoid falsely separating oneself from the rest of humanity.

In this way, self-compassion is quite distinct from self-pity (Goldstein & Kornfield, 1987). When individuals feel self-pity, they tend to become immersed in their own problems and forget that others have similar problems. They ignore their interconnections with others, and feel that they are the only ones in the world who are suffering. Self-pity emphasizes egocentric

feelings of separation from others and over-dramatizes the extent of personal suffering. Self-compassion, on the other hand, allows one to see the related experiences of self and other without this type of distortion or disconnection. Self-compassion is also distinct from self-indulgence. Individuals are sometimes reluctant to be self-compassionate out of fear of letting themselves “get away with anything” (Neff, 2003b). While focusing exclusively on pleasure for oneself might lead to self-indulgence, compassion involves desiring health and well-being for the self rather than pleasure per se (Brach, 2003). In many instances, giving the self pleasure may harm well-being (e.g., taking drugs, over-eating), while promoting one’s health often involves a certain amount of displeasure (e.g., exercising, dieting). People may also resort to harsh self-criticism as a means of shaming oneself into action when confronting personal weaknesses. However, this approach often backfires if weaknesses remain unacknowledged in an unconscious attempt to avoid self-censure (Horney, 1950). In contrast, the care intrinsic to compassion provides a powerful motivating force for growth and change, while also providing the safety needed to see the self clearly without fear of self-condemnation.

Empirical data. Research has been conducted to help establish the beneficial nature of self-compassion. So far, most of the research on self-compassion has been conducted using the Self-Compassion Scale (Neff, 2003a), which measures the degree to which individuals display self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Research indicates that self-compassionate individuals experience greater psychological health and resilience than those who lack self-compassion. For example, self-compassion is positively associated with life-satisfaction, emotional intelligence and social connectedness, and negatively associated with self-criticism, depression, anxiety, rumination, thought suppression, and perfectionism (Neff, 2003a; Neff, Kirkpatrick, & Rude, in press). In a study designed to explore the link between self-compassion, positive psychological functioning, and the Big 5 personality traits (Neff, Rude & Kirkpatrick, in press), it was found that self-compassion was associated with greater reflective and affective wisdom, curiosity and

exploration, happiness, optimism, and positive affect. It was also linked to increased personal initiative, which involves trying to grow and change in order to lead a more productive and fulfilling life (Robitschek, 1998). This is important because it supports the proposition that self-compassion leads to self-growth rather than self-indulgence. In terms of personality traits, self-compassion was significantly associated with extroversion, agreeableness, conscientiousness, and neuroticism (negatively), although self-compassion still predicted unique variance in positive functioning after controlling for personality.

Neff, Hseih and Dejithirat (2005) examined the link between self-compassion and motivation among college students, to determine whether self-compassion might be adaptive in academic contexts. Self-compassion was positively associated with mastery goals, which include the joy of learning for its own sake, and negatively associated with performance goals, which involve defending or enhancing one's sense of self-worth through academic performances. These findings were replicated with students who had recently failed a midterm exam, and indicated that self-compassionate students exhibited more adaptive ways of coping with failure.

Self-compassion may also play a role in the success of mindfulness-based clinical interventions, which are becoming increasingly widespread (Baer, 2003). For instance, a recent study by Shapiro, Astin, Bishop, and Cordova (2005) found that participation in a Mindfulness-Based Stress Reduction (MBSR) significantly increased participants' self-compassion levels, and that self-compassion mediated reductions in stress associated with the program.

Self-compassion versus self-esteem. Self-compassion confers many of the same benefits as self-esteem in that it provides positive self-affect and a strong sense of self-acceptance. However, these feelings are not based on evaluating the separate self or on comparing personal performances to those of others. Rather, they stem from recognizing the shared nature of the human condition, so that the self can be seen clearly and extended kindness without the need to feel superior to others. Gilbert and Irons (2005) suggest that self-compassion enhances well-being because it helps people feel a greater sense of interpersonal connection. Using social

mentality theory (Gilbert, 1989) - which draws on principles of evolutionary biology, neurobiology, and attachment theory - he proposes that self-compassion deactivates the threat system (associated with feelings of insecurity, defensiveness and the limbic system) and activates the self-soothing system (associated with feelings of secure attachment, safeness, and the oxytocin-opiate system). Thus, giving the self compassion can be seen as a way to prime one's own attachment security. The theory argues that self-esteem, in contrast, is an evaluation of superiority/inferiority that helps to establish social rank stability and is related to alerting, energizing impulses and dopamine activation (Gilbert & Irons, 2005). Self-esteem, therefore, by its very nature, tends to position the self in opposition to others.

Research supports the proposition that self-compassion is a useful alternative to the construct of self-esteem. Self-compassion and self-esteem do overlap to some degree, since both represent a positive emotional stance towards the self, and the Self-Compassion Scale tends to be moderately correlated with various self-esteem measures (Neff, 2003a). The two constructs differ in important ways, however. While self-compassion is based on feelings of care and non-judgmental understanding that connects the self to others, self-esteem is based on positive self-evaluations then tend to separate the self from others. Also, self-compassion is relevant and available precisely when self-esteem tends to falter – when one fails or feels inadequate. Thus, self-compassion appears to provide emotional resilience over and above that attributable to self-esteem. For example, when controlling for self-esteem, it was found that self-compassion was still a robust (negative) predictor of depression and anxiety (Neff, 2003a). Another study by Neff, Kirkpatrick and Rude (in press) involved a mock interview task that involved answering that dreaded but inevitable interview question, “please describe your greatest weakness.” They found that self-compassion was associated with reduced anxiety after the task, but that self-esteem did not provide such a buffer. Moreover, self-compassionate individuals tended to use fewer first person singular pronouns such as “I” when writing about their weaknesses, while using a greater number of first person plural pronouns such as “we” and making more social

references to friends, family, communication, and other humans. Self-esteem did not show this same pattern of association with language use. These results suggest that self-compassion involves a more connected and less separate view of the self when considering personal failings.

Moreover, recent research suggests that self-compassion is more predictive of healthy self-related functioning than self-esteem (Neff & Vonk, 2006). A survey conducted with a large web-based community sample in Denmark included measures of self-compassion and global self-esteem, as well as a number of self-related processes known to be maladaptive: self-esteem instability and contingency, social comparison (the tendency to evaluate self-worth in comparison to others), narcissism, reactive anger, public self-consciousness, and self-rumination (the tendency to become self-absorbed and fixated on disliked aspects of oneself). The study also examined “need for closure,” a type of rigid close-mindedness (Webster & Kruglanski, 1994) often driven by the need to maintain a sense of self-worth. Regression analyses indicated that after accounting for variance in outcomes attributable to self-esteem, self-compassion predicted significant additional variance (in the negative direction) for self-esteem instability, self-esteem contingency, social comparison, reactive anger, public self-consciousness, and self-rumination. Moreover, in almost every case self-compassion was a much stronger negative predictor of these outcomes than was self-esteem. The one exception was narcissism, which showed a quite different pattern. Self-esteem had a significant positive association with narcissism, but self-compassion predicted no additional variance in narcissism after being added to the regression model. These results suggest that self-compassion provides greater protection from dysfunctional self-to-self relating than self-esteem, and that self-esteem has a narcissistic aspect not shared by self-compassion.

Culture and self-compassion. Given Markus and Kitayama’s (1991) well-known theory proposing that Asians have an interdependent sense of self and Westerners have an independent sense of self, an interesting question concerns whether or not self-compassion levels differ between the East and West. Although it might be expected that Asians would have higher levels

of self-compassion given their more interdependent sense of self, self-construal theory is actually used to argue that Asians are more self-critical than Westerners because they are more invested in conforming the self's behavior to the requirements of social relationships (Heine et al., 1999; Kitayama, Markus, Matsumoto & Norasakkunkit, 1997). These seemingly contradictory expectations highlight the multifaceted meaning of "interdependence" in self-construal theory, and therefore the difficulties of understanding how self-construals relate to self-compassion. To the extent that an interdependent self-construal taps into feelings of human interconnectedness it should promote feelings of self-compassion, but to the extent that it reflects concerns with social conformity and harsh self-regulatory tactics to keep oneself in line (a notion which is quite distinct from Hahn's conception of "interbeing"), it might hinder self-compassion. Similar issues exist with regard to independent self-construals. On the one hand, independence may involve care and concern for the self, increasing self-compassion. On the other hand, independence may connote feelings of separation or isolation, thus undermining self-compassion. To explore these issues, Neff, Hsieh & Dejitterat (2006) examined self-compassion, self-construal and psychological well-being in Thailand, Taiwan, and the United States. Because Thailand is strongly influenced by Buddhism and the value of compassion is emphasized in parenting practices and everyday interactions, we expected the highest levels of self-compassion to be found in Thailand. In contrast, Taiwan is more influenced by Confucianism and tends to emphasize shame as a parenting practice and means of social control, so we expected self-compassion to be the lowest in Taiwan. We thought Americans would fall in between these two poles given the mixed messages of American culture with regard to self-compassion (e.g., a strong emphasis on positive self-affect but also an isolating, competitive ethos.)

As we had expected, we found that self-compassion levels were highest in Thailand and lowest in Taiwan, with the U.S. falling in between (all cultures differed significantly from one another). These cross-cultural differences remained even when controlling for self-construal, suggesting that self-construal differences did not explain variations in self-compassion. (Taiwan

and Thailand had almost identical levels of interdependent self-construal even though they had very different levels of self-compassion). Moreover, there were cultural differences in the link between self-compassion and self-construal. Interdependence was linked to self-compassion in Thailand only, with independence being linked to self-compassion in Taiwan and the U.S. Results suggest that the meaning of independence and interdependence may vary across cultures. Interdependence involves being deeply embedded in a particular social system. If that system promotes the value of self-compassion, as it does in Thailand, than being more interdependent with that system seems to promote self-compassion and decrease self-judgment. If the culture doesn't actively promote self-compassion, however, which appears to be the case in the U.S. and Taiwan, being independent of the prevailing cultural ethos may facilitate the type of self-understanding and self-care required to be compassionate toward oneself. 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.

Future research directions. A great deal of research is now underway to develop a better understanding of self-compassion in relation to psychological functioning and also its clinical relevance. For instance, our lab is now examining the role of self-compassion in the well-being of adolescents, and developing a school-based intervention to try to engender greater self-compassion among high school students. We have also developed a self-compassion exercise which can not only be used for research designs that experimentally manipulate self-compassion levels, but which also has relevance as a tool for increasing self-compassion in everyday life. Gilbert and colleagues have developed a therapeutic approach to treating habitually self-critical individuals called Compassionate Mind Training (CMT; Gilbert & Irons, 2005) that specifically targets self-compassion. The approach helps clients develop the ability to soothe, reassure and feel warmth for personal difficulties and imperfections. Although research on the effectiveness of the approach is still in its early stages, initial results suggest that CMT significantly reduces

self-hatred and associated feelings of anxiety and depression, and may have a life-changing impact for those who practice being more self-compassionate (Gilbert & Proctor, 2005). Thus, psychologists may need to consider how to de-emphasize rather than promote a separate self-concept in order to encourage the development of healthy, compassionate self-attitudes.

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