

Neff, K. D. (2012). The science of self-compassion. In C. Germer & R. Siegel (Eds.), *Compassion and Wisdom in Psychotherapy* (pp. 79-92). New York: Guilford Press.

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Chapter 6: The Science of Self-Compassion

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*When you begin to touch your heart or let your heart be touched,
you begin to discover that it's bottomless, that it doesn't have any resolution,
that this heart is huge, vast, and limitless.*

You begin to discover how much warmth and gentleness is there, as well as how much space.

- Pema Chödrön (2001, p. 128)

To understand what is meant by the term *self-compassion*, it is useful to first consider what it means to feel compassion more generally. When we experience compassion, we notice and are moved by the suffering of others. Rather than rushing past a homeless man begging for change on your way to work, for example, you might actually stop to consider how difficult his life must be. The moment you see the man as an actual human being who is suffering, your heart connects with him (compassion literally means “to suffer with;” see Chapter 1). Instead of ignoring him, you find that you’re moved by his pain, and feel the urge to help in some way. And importantly, if what you feel is true compassion rather than simply pity, you may say to yourself, “There but for the grace of God go I. If I’d been born in different circumstances, or maybe had just been unlucky, I might also be struggling to survive. We’re all vulnerable.”

Compassion, therefore, presupposes the recognition and clear seeing of suffering. It entails feelings of kindness, care, and understanding for people who are in pain, so that the desire to ameliorate suffering naturally emerges. Finally, compassion involves recognizing the shared

human condition, fragile and imperfect as it is.

Self-compassion has exactly the same qualities—it's just compassion turned inward. In this chapter, I will describe what self-compassion is and isn't, how self-compassion is related to well-being, and how self-compassion contributes to healing in psychotherapy.

What's Self-Compassion?

Drawing on the writings of various Buddhist teachers (e.g., Bennett-Goleman, 2001; Brach, 2003; Goldstein & Kornfield, 1987; Salzberg, 1997), I have defined self-compassion as being composed of three main components: self-kindness, a sense of common humanity, and mindfulness (Neff, 2003b).

Self-kindness

Self-compassion entails being warm and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than flagellating ourselves with self-criticism. It recognizes that being imperfect and experiencing life difficulties is inevitable, so we soothe and nurture ourselves when confronting our pain rather than getting angry when life falls short of our ideals. We clearly acknowledge our problems and shortcomings without judgment, so we can do what's necessary to help ourselves. We can't always get what we want. We can't always *be* who we want to be. When this reality is denied or resisted, suffering arises in the form of stress, frustration, and self-criticism. When this reality is accepted with benevolence, however, we generate positive emotions of kindness and care that help us cope.

Common Humanity

One of the biggest problems with harsh self-judgment is that it tends to make us feel isolated. When we notice something about ourselves we don't like, we irrationally feel like everyone else is perfect and it's only *me* who is inadequate. This isn't a logical process, but a

kind of distorted self-centeredness: focusing on our inadequacies gives us tunnel vision so that we can't see anything else but our own feeble, worthless self (see Chapter 3). Similarly, when things go wrong in our external lives, we feel that somehow other people are having an easier time of it, that our own situation is abnormal or unfair. When our experiences are interpreted from the perspective of a separate self, we have trouble remembering the similar experiences of our fellow humans (like the dying 84 year-old man whose final words were "why me?") Self-compassion recognizes that life challenges and personal failures are part of being human, an experience we all share. In this way, it helps us to feel less desolate and isolated when we are in pain.

Mindfulness

Mindfulness is a nonjudgmental, receptive mind-state in which thoughts and feelings are observed as they are, without suppressing or denying them (see Chapter 2). You can't ignore your pain and feel compassion for it at the same time. Of course, you may think that suffering is blindingly obvious. But how many of us, when we look in a mirror and don't like what we see, remember that this is a moment of suffering worthy of a compassionate response? Similarly, when life goes awry, we often go into problem-solving mode immediately without recognizing the need to comfort ourselves for the difficulties we're facing. Conversely, mindfulness requires that we not be overly identified 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). The mental space provided by taking a mindful approach to our difficult feelings, however, allows for greater clarity, perspective, and emotional equanimity (Baer, 2003; Shapiro, Carlson, Astin, & Freedman, 2006).

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Self-Compassion Phrases

When you're feeling stress or emotional pain— perhaps you are caught in a traffic jam, are arguing with a loved one, or are feeling inadequate in some way— it's helpful to have a set of phrases memorized to help you remember to be more compassionate to yourself in the moment. You can take a deep breath, put your hand over your heart, or gently hug yourself (if you feel comfortable doing so), and repeat the following phrases:

This is a moment of suffering

Suffering is a part of life

May I be kind to myself

May I give myself the compassion I need

[END TEXT BOX]

These phrases capture the essence of the three components of self-compassion. The first phrase helps to mindfully open to the sting of emotional pain. (You can also just say “this is really hard right now” or “this hurts.”) The second phrase reminds us that suffering unites all living beings and reduces the tendency to feel ashamed and isolated when things go wrong in our lives. The third phrase begins the process of responding with self-kindness rather than self-criticism. The final phrase reinforces the idea that you both need and deserve compassion in difficult moments. Be experimental with the phrases. Other phrases that may feel more authentic in a given situation are “May I accept myself as I am,” “May I forgive myself,” or “May I learn to accept what I cannot change.” As you may have noticed, this practice is similar to the loving-kindness meditation introduced in Chapter 3.

What Self-compassion is Not

Self-pity

People often avoid taking a compassionate stance toward themselves because they confuse self-compassion with self-pity. Western culture has a strong “stiff-upper-lip” tradition in which we’re taught that we should just carry on without complaint. Self-compassion is very different from self-pity, however. When individuals feel self-pity, they become immersed in their own problems and forget that others have similar problems. They ignore their interconnections with others and act as if they are the only ones in the world suffering. Self-pity emphasizes egocentric feelings of separation and exaggerates the extent of personal distress. Self-compassion, however, allows us to see the related experiences of self and other without distortion or disconnection. When we acknowledge how hard it is for us in the moment, the rest of humanity is automatically included in our concerned attention. Moreover, when we think about what others are going through, we are often able to put our own situation into greater perspective.

Self-indulgence

An even greater block to self-compassion is the belief that it’s self-indulgent to be kind to oneself. Many people think that self-criticism is necessary to motivate themselves, and that if they’re too self-compassionate they’ll just sit around all day watching TV and eating ice-cream. But is this true? A good analogy can be found in how parents motivate their children. When a mother cares about her son and desires his well-being, does she indulge him by letting him do whatever he wants (like sitting around all day watching TV and eating ice-cream?) No. She’ll make sure he does things like eat well, go to school, finish his homework, brush his teeth, and go to bed early—even if he doesn’t want to—because it’s necessary for him to grow and be healthy. Her child will also be more motivated to reach his goals in life when he can count on his

mother's encouragement and support even when he fails.

On the other hand, if a mother ruthlessly criticizes her son when he messes up, telling him he's a good-for-nothing failure who'll never amount to anything, how is that going to make him feel? Inspired, motivated, ready to take on the world? Of course not. Constant criticism makes us feel worthless and depressed—not exactly a get-up-and-go mindset. And yet, isn't that how most of us act towards ourselves? We somehow have the notion that self-criticism is a more effective motivator than giving ourselves nurturing, support, and encouragement.

You might say that the motivation of self-compassion arises from love, while the motivation of self-criticism arises from fear. To the extent that self-criticism *does* work as a motivator, it's because we're 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. This is why self-criticism is associated with underachievement and self-handicapping strategies like procrastination (Powers, Koestner & Zuroff, 2007).

Self-criticism is also used as a means of shaming oneself into action when confronting personal weaknesses. However, this approach backfires if weaknesses remain unacknowledged in an unconscious attempt to avoid self-censure (Horney, 1950). For instance, if you have an anger problem but continually blame things on your partner because you can't face up to the truth about yourself, how are you ever going to achieve a more harmonious relationship? With self-compassion, however, we strive to achieve for a very different reason—because we *care*. If we truly want to be kind to ourselves, we'll 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're in a better position to change them for the better.

Self-Esteem

It's also important to distinguish self-compassion from self-esteem. Self-esteem refers to the degree to which we evaluate ourselves positively. It represents how much we like or value ourselves, and is often based on comparisons with others (Coopersmith, 1967; Harter, 1999). In American culture, having high self-esteem means standing out in a crowd—being special and above average (Heine, Lehman, Markus, & Kitayama, 1999). In contrast, self-compassion is not based on positive judgments or evaluations—it is a way of *relating* to ourselves. People feel self-compassion because they are human beings, not because they are special or above average. It emphasizes interconnection rather than separateness. This means that with self-compassion, you don't have to feel better than others to feel good about yourself. It also offers more emotional stability than self-esteem because it is always there for you—when you're on top of the world *and* when you fall flat on your face.

Empirical Data

Okay, but what does the research show? So far, the majority of studies on self-compassion have been correlational and have used the Self-Compassion Scale (Neff, 2003a)—a 26-item self-report measure. (You can take this scale online at www.Self-Compassion.org). However, more recent research has started to examine self-compassion using experimental manipulations or interventions.

Self-Compassion and Emotional Well-Being

One of the most consistent findings in the research literature is that greater self-compassion is linked to less anxiety and depression (see Neff, 2009 for a review). 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 still

offers protection against anxiety and depression when controlling for self-criticism and negative affect (Neff, 2003a; Neff, Kirkpatrick & Rude, 2007). Thus, self-compassion is not merely a matter of looking on the bright side of things or avoiding negative feelings. Self-compassionate people recognize when they are suffering, but are kind toward themselves in these moments, acknowledging their connectedness with the rest of humanity.

In support of this idea, my colleagues and I conducted a study involving a mock interview task in which participants were asked to write an answer to the infamous question, “Please describe your greatest weakness” (Neff, Kirkpatrick, & Rude, 2007). Not only did self-compassionate people experience less anxiety after the task, they also tended to use more connected and less isolating language when writing about their weaknesses. Similarly, Leary and colleagues (Leary, Tate, Adams, Allen, & Hancock, 2007) investigated the way that self-compassionate people deal with negative life events by asking participants to report about problems experienced over a 20-day period. Individuals with higher levels of self-compassion had more perspective on their problems and were less likely to feel isolated by them. They also experienced less anxiety and self-consciousness when thinking about their difficulties.

Self-compassion is associated with greater wisdom and emotional intelligence (Neff, 2003a; Neff, Rude, & Kirkpatrick, 2007), suggesting that self-compassion represents a wise way of dealing with difficult emotions. For instance, self-compassionate people engage in rumination and thought suppression less often than those low in self-compassion (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007). They also report greater emotional coping skills, including more clarity about their feelings and greater ability to repair negative emotional states (Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2003a; Neff, Hseih, & Dejithirat, 2005).

Self-compassion appears to bolster positive states of being as well. For example, self-

compassion is associated with feelings of social connectedness and life satisfaction—important elements of a meaningful life (Neff, 2003a; Neff, Pisitsungkagarn, & Hsieh, 2008). It is also linked to feelings of autonomy, competence, and relatedness (Neff, 2003a), suggesting that self-compassion helps meet the basic psychological needs that Deci and Ryan (1995) argue are fundamental to well-being. Self-compassionate people tend to experience more happiness, optimism, curiosity, and positive affect than those who lack self-compassion (Neff, Rude, & Kirkpatrick, 2007). By wrapping one's pain in the warm embrace of self-compassion, positive feelings are generated that help balance the negative ones.

Self-Compassion, Motivation, and Health

Research supports the idea that self-compassion enhances motivation rather than self-indulgence. 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. Self-compassion is also linked to greater personal initiative; the desire to reach one's full potential (Neff, Rude, & Kirkpatrick, 2007). Self-compassionate people have been found to have less motivational anxiety and engage in fewer self-handicapping behaviors such as procrastination than those who lack self-compassion (Williams, Stark, & Foster, 2008). In addition, my colleagues and I (Neff et al., 2005) found that self-compassion was positively associated with mastery goals—the intrinsic motivation to learn and grow—and negatively associated with performance goals—the desire to enhance one's self-image (Dweck, 1986). This relationship was mediated by the lesser fear of failure and perceived self-efficacy of self-compassionate individuals. Thus, self-compassionate people are motivated to achieve, but for intrinsic reasons, not because they want to garner social approval.

Self-compassion also promotes health-related behaviors. For instance, a study by Adams and Leary (2007) demonstrated that self-compassion can help people stick to their diets. Dieters often display a paradoxical tendency—if they break their diet and eat high calorie foods, they tend to eat more afterwards as a way to reduce bad feelings associated with their lapse (Heatherton & Polivy, 1990; see abstinence violation effect, Chapter 16). This study demonstrated that helping women to feel compassionately about blowing their diet attenuated this tendency. Similarly, 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. Similarly, a study of women’s goals for exercising found that self-compassionate women had intrinsic rather than extrinsic motivation to exercise, and their goals for exercising were less related to ego-concerns (Magnus, Kowalski, & McHugh, 2010; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011). They also reported feeling more comfortable with their bodies, and had less anxiety regarding social evaluations of their physique. Thus, self-compassion appears to enhance both physical and mental well-being.

Self-Compassion and Interpersonal Functioning

While there is evidence that self-compassion psychologically benefits the individual, there is also evidence that self-compassion benefits interpersonal relationships. In a study of heterosexual couples (Neff & Beretvas, in press), 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 than those lacking

self-compassion. Self-compassion was also associated with greater relationship satisfaction and attachment security. Because self-compassionate people give themselves care and support, they appear to have more emotional resources available to give to their partners.

Research has found that self-compassionate college students tend to have more compassionate goals in relationships with friends and roommates, meaning they tend to provide social support and encourage interpersonal trust with relationship partners (Crocker & Canevello, 2008). Another study (Neff & Yarnell, submitted) found that self-compassionate college students were more likely to compromise in conflict situations with mothers, fathers, and romantic partners, while those lacking self-compassion tended to subordinate their needs to partners. This pattern makes sense given that people with high levels of self-compassion say they tend to be equally kind to themselves as others, but people with low levels of self-compassion say they tend to be kinder to others than themselves (Neff, 2003a). The study also showed that self-compassionate people felt more authentic and experienced less turmoil when resolving relationships conflicts, and reported a greater sense of well-being in their relationships.

An interesting question concerns whether self-compassionate people are more compassionate towards others in general. Cultivating an open-hearted stance towards oneself that recognizes human interconnectedness should theoretically facilitate being kind, forgiving, and empathetic towards others. While there needs to be more research on this topic, preliminary findings suggest that self-compassion *is* linked to other-focused concern, but this link differs somewhat according to age and life experiences.

Pommier (2010) and Neff and Pommier (submitted) examined this question among college undergraduates, an older community sample, and individuals practicing Buddhist meditation. Self-compassion was significantly linked to compassion, empathetic concern for

others, and altruism among the community and Buddhist samples, but not the undergraduates. It may be that the sense of interconnectedness facilitating an association between kindness toward self and others does not develop until later on in life. Among all three groups, however, self-compassionate people were more likely to forgive others who had harmed them. They also showed enhanced perspective-taking skills, an important component of wisdom (see Chapter 1).

Similarly, Richie Davidson and colleagues conducted a study with a group of participants who were trained in loving-kindness meditation (which intentionally cultivates compassion for the self and others), and found the training increased self-compassion levels (Davidson, 2007; see also Weibel, 2007). Brain scans were then conducted on participants while showing them images of suffering (such as a child with an eye tumor). Participants who had larger increases in self-compassion experienced greater empathy (as evidenced by increased activity in the insula, a brain area also associated with perspective-taking). This body of research suggests that self-compassion helps engender compassion toward others.

Self-Compassion versus Self-Esteem

The psychological benefits of high self-esteem (such as lessened depression and anxiety) have been touted for decades (McKay & Fanning, 1987). However, psychologists are now starting to question whether self-esteem is all it's made out to be (for reviews, see Blaine & Crocker, 1993; Crocker & Park, 2004). For instance, people with high self-esteem often engage in downward social comparisons with others, meaning they put others down and puff themselves up as a way to feel better about themselves (Tesser, 1999). Self-esteem is also associated with narcissism (Twenge & Campbell, 2009), inflated and unrealistic self-views (Sedikides, 1993), prejudice (Aberson, Healy, & Romero, 2000), ego-defensive aggression (Baumeister, Smart, & Boden, 1996), and bullying (Salmivalli, Kaukiainen, Kaistaniemi, & Lagerspetz, 1999). The

motivation to protect feelings of self-worth can also lead to increased “need for cognitive closure” (Taris, 2000), in which alternative viewpoints are not tolerated. Self-esteem thus seems to work against the development of wisdom. And self-esteem often fluctuates because self-evaluations are continually changing. As the Hollywood saying goes, you’re only as good as your latest success (at least when viewing the world through the lens of self-esteem). This type of instability undermines emotional well-being (Kernis, Cornell, Sun, Berry, & Harlow, 1993). Self-compassion, on the other hand, appears to offer many of the benefits of high self-esteem with fewer downsides (Neff, 2011).

Research indicates that self-compassion is moderately associated with trait levels of self-esteem (Leary et al., 2007; Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007), as one would expect given that both represent positive attitudes toward the self. However, self-compassion still predicts greater happiness and optimism as well as less depression and anxiety when controlling for self-esteem (Neff, 2003a). Moreover, the two constructs differ in terms of their impact on well-being.

In a survey involving a large community sample in the Netherlands, self-compassion was shown to be a stronger predictor of healthy functioning than self-esteem (Neff & Vonk, 2009). For one thing, self-compassion was associated with more stability in state feelings of self-worth over an eight month period (assessed 12 different times) than trait self-esteem. This may be related to the fact that self-compassion was also found to be less contingent on things like physical attractiveness or successful performances than self-esteem. Results indicated that self-compassion was associated with lower levels of social comparison, public self-consciousness, self-rumination, anger, and need for cognitive closure, 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. In the self-compassion condition, participants responded in writing to prompts designed to lead them to think about the event in ways that tapped into the three components of self-compassion—self-kindness, common humanity, and mindful acceptance. In the self-esteem condition, participants responded to prompts designed to protect or bolster their self-esteem. Participants who received the self-compassion induction reported less negative emotions when thinking about the past event than those in the self-esteem condition. Moreover, those in the self-compassion condition 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.”

Gilbert and Irons (2005) suggest that self-compassion enhances well-being because it helps people feel a greater sense of interpersonal connection. They propose that self-compassion deactivates the threat system (associated with feelings of insecure attachment, defensiveness and autonomic arousal) and activates the self-soothing system (associated with feelings of secure attachment, safeness, and the oxytocin-opiate system) (see Chapter 18). In contrast, self-esteem is thought to be an evaluation of superiority/inferiority that helps to establish social rank stability and is related to alerting, energizing impulses and dopamine activation. While self-compassion enhances feelings of safety and interconnectedness, self-esteem positions the self in competition

with others and amplifies feelings of distinctness and separation.

Self-Compassion in Therapeutic Settings

An exciting area of research concerns the implications of self-compassion for clinical practice (Baer, 2010). 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). Given that therapy clients often have problems related to their family backgrounds, they may be especially likely to benefit from developing greater self-compassion.

It is an interesting empirical question whether self-compassion is implicitly generated in psychotherapy, and is one of the factors underlying effective treatment. This certainly seems to be the case, and may have important implications for understanding the therapeutic process.

My colleagues and I conducted a study that tracked changes in self-compassion experienced by therapy clients over a one-month interval (Neff, Kirkpatrick, & Rude, 2007). Therapists used a Gestalt two-chair technique designed to help clients lessen self-criticism and have greater compassion for themselves (Greenberg, 1983; Safran, 1998). Results indicated that increased self-compassion levels over the month-long period (which were assessed under the guise of an unrelated study) were linked to fewer experiences of self-criticism, depression, rumination, thought suppression, and anxiety.

Paul Gilbert (2009) has developed a group-based therapy intervention called Compassionate Mind Training (CMT). CMT is designed to help people develop skills of self-compassion, especially when their more habitual form of self-to-self relating involves self-attack. In a pilot study of CMT involving hospital day patients with intense shame and self-criticism, significant decreases in depression, self-attacking, shame, and feelings of inferiority were

reported after participation in the CMT program (Gilbert & Procter, 2006). Moreover, almost all of the participants felt ready to be discharged from their hospital program at the end of the study. (For more on Gilbert’s compassionate mind training and compassion focused therapy (CFT, please see the next chapter as well as Chapter 18.)

Therapeutic approaches that rely on mindfulness, like Jon Kabat-Zinn’s Mindfulness-Based Stress Reduction (MBSR) program (Kabat-Zinn, 1982), may also be an effective way for people to develop self-compassion. Mindfulness teaches people to notice the difficult thoughts and emotions that arise in present-moment awareness, so that they can be experienced with kindness, acceptance, and non-judgment. MBSR courses are commonly taught by therapists and other health professionals to help people deal with stress, depression, and other forms of mental suffering. Research has demonstrated that MBSR significantly increases self-compassion (Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007). Research also shows that people who practice mindfulness meditation are more self-compassionate than those who are less experienced (Lykins, & Baer, 2009; Neff, 2003a; Orzech, Shapiro, Brown, & McKay, 2009).

Chris Germer, an editor of this book who specializes in mindfulness and acceptance-based psychotherapy, views therapy through the lens of mindful self-compassion. As he notes in the book, *The Mindful Path to Self-Compassion* (Germer, 2009), self-compassion adds another dimension to mindful acceptance. “Whereas acceptance usually refers to *what’s happening to us*—accepting a feeling or a thought—self-compassion is acceptance of *the person to whom it’s happening*. It’s acceptance of ourselves while we’re in pain” (p. 33). This is a key insight. When we are soothed and comforted by self-compassion, it becomes easier to relate to painful feelings in a mindful way. Thus, training that explicitly teaches self-compassion in addition to

mindfulness skills may be especially useful in therapy.

To this end, Chris and I have recently developed an 8-week training program in Mindful Self-Compassion (MSC), which is designed to explicitly integrate self-compassion and mindfulness training. The program has structural elements similar to Kabat-Zinn's MBSR course (8 sessions, plus a retreat day; formal and informal meditation) and will hopefully provide a useful compliment to it. On the first day of the program we mainly focus on defining self-compassion and explaining how it differs from self-esteem, self-pity, and self-indulgence. During the following weeks, we teach a variety of mindfulness and self-compassion practices for dealing with difficult emotions and challenging relationships in daily life.

We recently conducted a randomized controlled study of the MSC program, comparing outcomes for the treatment group to those in a waitlist control group. Results indicated that participation in the workshop significantly increased self-compassion, mindfulness, compassion for others, and life satisfaction, while significantly decreasing depression, anxiety, stress, and the impact of trauma. The degree to which participants' self-compassion level increased was significantly linked to how much informal and formal self-compassion practice they did over the course of the program. We also explored whether enhanced well-being was primarily explained by increases in self-compassion, or if it was also explained by increased mindfulness. We found that while most of the gains in well-being were explained by increased self-compassion, mindfulness explained additional variance in terms of happiness, stress, and the impact of trauma. This suggests that both self-compassion and mindfulness are key benefits of the MSC program.

An exercise from the MSC program follows; writing a compassionate letter to oneself (see also Shapira & Mongrain, 2010). For more examples of exercises and meditations provided

in the MSC program, please visit www.Self-Compassion.org or www.MindfulSelfCompassion.org).

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Self-Compassionate Letter

- Candidly describe a problem that tends to make you feel bad about yourself, such as a physical flaw, a relationship problem, or failure at work or school. Note what emotions come up—shame, anger, sadness, fear—as you write.
- Next, think of an imaginary friend who is unconditionally accepting and compassionate; someone who knows all your strengths and weaknesses, understands your life history, your current circumstances, and understands the limits of human nature.
- Finally, write a letter to yourself from that perspective. What would your friend say about your perceived problem? What words would he or she use to convey deep compassion? How would your friend remind you that you're only human? If your friend were to make any suggestions, how would they reflect unconditional understanding?
- When you're done writing, put the letter down for a while and come back to it later. Then read the letter again, letting the words sink in, allowing yourself to be soothed and comforted.

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We have already conducted one pilot study of the MSC program, and preliminary evidence for its effectiveness is promising. We obtained data for 18 participants both before and after the program, and results indicated significant increases in self-compassion (as measured by the Self-Compassion Scale; Neff, 2003a) and mindfulness (as measured by the Five Facet Mindfulness Questionnaire; Baer et al, 2006). There were also significant reductions in

depression, anxiety and stress, as well as significant increases in social connectedness, happiness, and life satisfaction after participation in the program. In some ways, self-compassion practice can be thought of as “portable therapy.” We are now conducting a wait-list controlled study of the MSC program.

Whereas clients may learn to relate to their troubles in a healthier way through a relationship with a compassionate therapist, self-compassion practice can help people be their own therapists *between* sessions. Therapists also need self-compassion, of course, especially for the compassion fatigue that can result when outcomes are not necessarily as expected (see next chapter). Not only is self-compassion associated with less compassion fatigue among counselors (Ringebach, 2009), it is also linked to 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.

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In *Toward a Psychology of Being*, Maslow (1968) argued that emotional maturity entails nonjudgmental, forgiving, loving acceptance of oneself. Self-compassion epitomizes this way of being, and may help mental health professionals understand and foster this type of emotional wisdom within themselves and in others.

References

- Aberson, C. L. Healy, M., & Romero, V. (2000). Ingroup bias and self-esteem: A meta-analysis. *Personality & Social Psychology Review, 4*, 157-173.
- Adams, C. E., & Leary, M. R. (2007). Promoting self-compassionate attitudes toward eating among restrictive and guilty eaters. *Journal of Social and Clinical Psychology, 26*, 1120-1144.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143.
- Baer, R. A. (2010). Self-compassion as a mechanism of change in mindfulness- and acceptance-based treatments. In R. A. Baer (Ed.) *Assessing mindfulness & acceptance processes in clients* (pp.135-154). Oakland: New Harbinger.
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J. & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27-45.
- Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review, 103*, 5-33.
- Bennett-Goleman, T. (2001). *Emotional Alchemy: How the Mind Can Heal the Heart* New York: Three Rivers Press.
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., et al. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*, 191-206.
- Blaine, B., & Crocker, J. (1993). Self-esteem and self-serving biases in reactions to positive and negative events: An integrative review. In R. F. Baumeister (Ed.), *Self-esteem: The puzzle of low self-regard* (pp. 55-85). Hillsdale, NJ: Erlbaum

- Blatt, S. J. (1995). Representational structures in psychopathology. In D. Cicchetti & S. Toth (Eds.), *Rochester symposium on developmental psychopathology: Emotion, cognition, and representation, Vol. 6* (pp. 1-34). Rochester, NY: University of Rochester Press.
- Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. Bantam Books.
- Chödrön, R. (2001). *Start where you are: A guide to compassionate living*. Boston: Shambhala Publications.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco: W. H. Freeman.
- Crocker, J. & Canevello, A. (2008). Creating and undermining social support in communal relationships: The role of compassionate and self-image goals. *Journal of Personality and Social Psychology, 95*, 555-575.
- Crocker, J., & Park, L. E. (2004). The costly pursuit of self-esteem. *Psychological Bulletin, 130*, 392-414.
- Davidson, R. (2007, Oct.). Changing the brain by transforming the mind. The impact of compassion training on the neural systems of emotion. Paper presented at the Mind and Life Institute Conference, Investigating the Mind, Emory University, Atlanta, GA.
- Deci, E. L., & Ryan, R. M. (1995). Human autonomy: The basis for true self-esteem. In M. H. Kernis (Ed.), *Efficacy, agency, and self-esteem* (pp. 31-49). New York: Plenum Press.
- Dweck, C. S. (1986). Motivational processes affecting learning. *American Psychologist, 41*, 1040-1048.
- Fichman, L., Koestner, R., & Zuroff, D. C. (1994). Depressive styles in adolescence: assessment, relation to social functioning, and developmental trends. *Journal of Youth and Adolescence, 23*, 315-330.

- Germer, C. K. (2009). *The mindful path to self-compassion*. New York: Guilford Press.
- Gilbert, P. (2009). *The compassionate mind*. London: Constable.
- Gilbert, P. & Irons, C. (2005). Therapies for shame and self-attacking, using cognitive, behavioural, emotional imagery and compassionate mind training. In P Gilbert (Ed.) *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263 – 325). London: Routledge.
- Gilbert, P. & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13, 353-379.
- Goldstein, J., & Kornfield, J. (1987). *Seeking the heart of wisdom: The path of insight meditation*. Boston: Shambhala.
- Greenberg, L. S. (1983). Toward a task analysis of conflict resolution in Gestalt Therapy. *Psychotherapy: Theory, Research and Practice*, 20(2), 190-201.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guilford Press.
- Heatherton, T. F., & Polivy, J. (1990). Chronic dieting and eating disorders: A spiral model. In J. H. Crowther, D. L. Tennenbaum, S. E. Hobfoll, & M. A. P. Stephens (Eds.), *The etiology of bulimia nervosa: The individual and familial context* (pp. 133-155). Washington, DC: Hemisphere.
- Heine, S. J., Lehman, D. R., Markus, H. R. & Kitayama, S. (1999). Is there a universal need for positive self-regard? *Psychological Review*, 106, 766–794.
- Horney, K. (1950). *Neurosis and human growth: The struggle toward self-realization*. New York: Norton.

- Kabat-Zinn, J. (1991). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell Publishing.
- Kelly, A. C., Zuroff, D. C., Foa, C. L., & Gilbert, P. (2009). Who benefits from training in self-compassionate self-regulation? A study of smoking reduction. *Journal of Social and Clinical Psychology, 29*, 727-755
- Kernis, M. H., Cornell, D. P., Sun, C. R., Berry, A., & Harlow, T. (1993). There's more to self-esteem than whether it is high or low: The importance of stability of self-esteem. *Journal of Personality and Social Psychology, 65*, 1190–1204.
- Kernis, M. H., & Paradise, A. W., Whitaker, D. J., Wheatman, S. R., & Goldman, B. N. (2000). Master of one's psychological domain? Not likely if one's self-esteem is unstable. *Personality and Social Psychology Bulletin, 26*, 1297-1305.
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92*, 887-904.
- Lykins, E. L. & Baer, R. A. (2009). Psychological functioning in a sample of long-term practitioners of mindfulness meditation. *Journal of Cognitive Psychotherapy: An International Quarterly, 23*, 226-241.
- Magnus, C. M. R., Kowalski, K. C., & McHugh, T.-L. F. (2010). The role of self-compassion in women's self-determined motives to exercise and exercise-related outcomes. *Self & Identity, 9*, 363-382.
- Maslow, A. H. (1968). *Toward a psychology of being*. New York: D. Van Nostrand Co.
- McKay, M., & Fanning, P. (1987). *Self-esteem*. Oakland, CA: New Harbinger.

- Mosewich, A. D., Kowalski, K. C., Sabiston, C. M., Sedgwick, W. A., Tracy, J. L., *Journal of Sport & Exercise Psychology*, 33, 103-123.
- Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., Chen, Y. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*, 33, 88-97
- Neff, K. D. (2003a). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-102.
- Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social and Personality Compass*, 5, 1 – 12.
- Neff, K. D., & Beretvas, S. N. (in press). *The role of self-compassion in healthy relationship interactions*.
- Neff, K. D. (2009). Self-Compassion. In M. R. Leary & R. H. Hoyle (Eds.), *Handbook of Individual Differences in Social Behavior* (pp. 561-573). Guilford Press.
- Neff, K. D., Hseih, Y., & Dejithirat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4, 263-287.
- Neff, K. D., Kirkpatrick, K. & Rude, S. S. (2007). Self-compassion and its link to adaptive psychological functioning. *Journal of Research in Personality*, 41, 139-154.
- Neff, K. D. & McGeehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9, 225-240
- Neff, K. D., Pisitsungkagarn, K., & Hseih, Y. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*.

- Neff, K. D., & Pommier, E. (submitted). Self-compassion and other-focused responding.
- Neff, K. D., & Rude, S. S., & Kirkpatrick, K. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality, 41*, 908-916.
- Neff, K. D. & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*, 23-50.
- Neff, K. D. & Yarnell, L., (submitted). Self-Compassion, interpersonal conflict resolutions, and well-being.
- Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology, 100*, 569-582.
- Orzech, K. M., Shapiro, S. L., Brown, K. W., & McKay, M. (2009). Intensive mindfulness training-related changes in cognitive and emotional experience. *The Journal of Positive Psychology, 4*, 212-222.
- Powers, T. A., Koestner, R., & Zuroff, D. C. (2007). Self-criticism, goal motivation, and goal progress. *Journal of Social and Clinical Psychology, 26*, 826–840.
- Ringebach, R. (2009). A comparison between counselors who practice meditation and those who do not on compassion fatigue, compassion satisfaction, burnout and self-compassion. *Dissertation Abstracts International*.
- Safran, J. D. (1998). Widening the scope of cognitive therapy: The therapeutic relationship, emotion, and the process of change. Northvale, NJ: Jason Aronson.
- Salmivalli, C., Kaukiainen, A., Kaistaniemi, L., & Lagerspetz, K. M. J. (1999). Self-evaluated self-esteem, peer-evaluated self-esteem, and defensive egotism as predictors of

- adolescents' participation in bullying situations. *Personality and Social Psychology Bulletin*, 25, 1268-1278.
- Salzberg, S. (1997). *Lovingkindness: The revolutionary art of happiness*. Boston: Shambala.
- Sedikides, C. (1993). Assessment, enhancement, and verification determinants of the self-evaluation process. *Journal of Personality and Social Psychology*, 65, 317-338.
- Shapira, L., & Mongrain, L. (2010). The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *Journal of Positive Psychology*, 5(5), 377-389.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., and Cordova, M. (2005). Mindfulness-Based Stress Reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12, 164-176.
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1, 105-115.
- Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology*, 62, 373-386.
- Sprecher, S., & Fehr, B. (2005). Compassionate love for close others and humanity. *Journal of Social and Personal Relationships*, 22, 629-651.
- Taris, T. W. (2000). Dispositional need for cognitive closure and self-enhancing beliefs. *Journal of Social Psychology*, 140, 35-50.
- Tesser, A. (1999). Toward a self-evaluation maintenance model of social behavior. In R. F. Baumeister (Ed.) *The self in social psychology* (pp. 446-460). New York,: Psychology Press.
- Twenge, J. M. & Campbell, W. K. (2009). *The narcissism epidemic: Living in the age of*

entitlement. New York: Free Press.

Weibel, D. T. (2007). *A loving-kindness intervention: Boosting compassion for self and others*.

Retrieved from Dissertations and Theses database. (AAT 3292869)

Williams, J. G., Stark, S. K., & Foster, E. E. (2008). Start today or the very last day? The relationships among self-compassion, motivation, and procrastination. *American Journal of Psychological Research*, 4, 37-44.