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Women's empowerment: Finding strength in self-compassion

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ABSTRACT

Empowerment is often a desired outcome for health programs; however, it is rarely evaluated. One way to increase empowerment may be through self-compassion. The authors of the current study aimed to determine whether self-compassion and empowerment were positively related. Two hundred and five women (ages 18 to 48 years) were recruited from a pool of undergraduate students at a university in the southeastern United States in the summer/fall of 2012. Participants completed the study using Qualtrics, an online survey system. Participants wrote about a fight in a romantic relationship and were randomly assigned to write about the fight either self-compassionately or generally. Empowerment and perceptions of the fight were assessed as dependent measures. Hierarchical regression analyses investigated the relation of self-compassion, manipulated self-compassion, and their interaction with empowerment. A significant positive relationship was found between self-compassion and empowerment. However, manipulated self-compassion was not significantly related to empowerment. These findings suggested that self-compassion and empowerment were strongly related, but using a short-term self-compassion intervention may not be strong enough to influence empowerment. Empowerment-based practitioners may find empowerment increases more easily in women who are self-compassionate. If self-compassion is incorporated into empowerment settings, a long-term intervention may be necessary.

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Introduction

Empowerment is a general feeling of competence, strength, and ability to succeed (Chamberlin 1997). Numerous health settings strive to increase empowerment. Settings working mainly with female clients, such as domestic violence shelters, often place a strong emphasis on empowerment. Yet, empowerment is rarely empirically evaluated and often fails to show successful increases when it is assessed (Kuijpers et al. 2013). Given the focus of empowerment helping women cope more effectively and gain access to skills,

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encouraging a self-compassionate approach should facilitate these outcomes. As a nonjudgmental self-attitude, self-compassion is positively related to well-being and positive coping skills, and experimental work finds manipulated self-compassion predicts greater self-improvement (Allen and Leary 2010; Baer, Lykins, and Peters 2012; Breines and Chen 2012). However, no current study has investigated self-compassion as it relates to empowerment. Therefore, the purpose of this study was to determine if self-compassion and empowerment were positively related and whether a short self-compassion intervention could increase empowerment.

Empowerment

Empowerment is often a central goal when assisting individuals seeking health or social service programs. Thus, empowerment is particularly applicable to women who experience higher rates than men of physical and sexual abuse (Black et al. 2011), mood disorders (Eaton et al. 2012), and eating disorders (Eisenberg et al. 2011). Furthermore, unique health concerns, such as breast cancer, can disempower women (Petersen and Benishek 2001). Thus, the researchers chose to focus on women's empowerment.

For the current study empowerment was defined as “enabling women to access skills and resources to cope more effectively with current, as well as, future stress and trauma” (Johnson, Worell, and Chandler 2005, 111). This definition is based on Worell and Remer's (1992) empowerment model. The model incorporates seven factors of empowerment: perceptions of power and competence, self-nurturance and resource access, interpersonal assertiveness, awareness of cultural discrimination, expression of anger and confrontation, autonomy, and personal strength and social activism that all load onto the overarching empowerment factor (Worell and Remer 1992). Based in feminist therapy, this empowerment model compliments many program goals to increase empowerment through personal control, problem-solving skills, gender and cultural flexibility, and resource access.

Empowerment interventions have been found to be effective for various populations, such as domestic violence survivors (Johnson, Zlotnick, and Perez 2011) and caregivers (Engström, Wadensten, and Häggström 2010). Given that none of the current empowerment studies include self-compassion, this study sought to understand the natural relationship between empowerment and self-compassion as well as whether inducing self-compassion could lead to greater empowerment.

Self-compassion

According to Neff (2003a), individuals frequently treat friends, family, and strangers with compassion but struggle to turn compassion inward. Neff also defined self-compassion as the ability to love one's self mindfully, even in

times of hardship. Self-compassion incorporates three components: self-kindness, common humanity, and mindfulness. All three of these components are related to qualities of empowerment described by Chamberlin (1997). The quality of adopting a positive self-image is linked to self-kindness as people who show themselves care and concern also tend to think positively of themselves. Another quality of empowerment, feeling part of a group, relates to common humanity. Understanding that other people suffer, and no one is alone can be very encouraging and comforting. Finally, an important empowerment quality involves learning to acknowledge, confront, and express anger in a healthy way. Similarly, mindfulness involves the ability to be aware of one's negative emotions, accept those emotions, and express those emotions without letting them take control (Neff 2003a).

Self-compassion has been likened to self-esteem; however, self-compassion provides strength and stability in times of suffering, whereas self-esteem may fluctuate and falter due to its reliance on external factors (Crocker et al. 2003). Thus, self-esteem may lead individuals to cognitively deny hardships; whereas self-compassion motivates people to address their struggles and improve themselves and their situations potentially fostering personal empowerment (Breines and Chen 2012).

Intrapersonally, self-compassion positively relates to general health, positive affect, optimism, emotional resistance, successful aging, and happiness, while it negatively relates to self-rumination, catastrophizing, personalizing, anxiety, negative affect, shame, and anger (Allen, Goldwasser, and Leary 2012; Neff 2003b; Neff, Kirkpatrick, and Rude 2007; Neff, Rude, and Kirkpatrick 2007; Wei et al. 2011; Zessin, Dickhauser, and Garbade 2015). Self-compassion may also empower women to use healthy coping mechanisms when facing difficulties, as Allen and Leary (2010) found self-compassion relates to adaptive coping mechanisms. For example, self-compassion has been linked to positive coping and better outcomes following HIV diagnosis, perceived failure, divorce, childhood mistreatment, and aging (Allen, Goldwasser, and Leary 2012; Brion, Leary, and Drabkin 2014; Neff, Hsieh, and Dejjattarat 2005; Sbarra, Smith, and Mehl 2012; Vettese et al. 2011). This promising research suggests self-compassion may be beneficial in interventions where empowerment is encouraged; therefore, a more thorough understanding of the relationship between the two concepts is desirable.

The interpersonal benefits of self-compassion add to the importance of self-compassion for women, who often place great value on their relationships (Gabriel and Gardner 1999). As women may define themselves relationally, their self-esteem can lower under negative relational conditions. However, self-compassion is known to be stable across situations and has been linked to precursors of empowerment, such as relational well-being, relational satisfaction, emotional connection, healthy conflict resolution, and autonomy (Neff 2003b; Neff and Beretvas 2012; Yarnell and Neff 2012).

Self-compassion appears to be a malleable construct (Neff 2003a). Research results have indicated that inducing a self-compassionate perspective leads to healthier outcomes; in fact, researchers have used short prompts to induce self-compassion and have found improvements in many psychological domains (Breines and Chen 2012; Leary et al. 2007). Across studies, self-compassion seems to be a teachable and lasting mindset that leads to better health and wellness (Neff and Germer 2013). Thus, self-compassion looks promising for empowerment-based practitioners. Before incorporating self-compassion into empowerment-based programs it is important to investigate whether self-compassion positively relates to the goals of these programs. As a starting point, the researchers tested if self-compassion led to increased empowerment in women following relational difficulties.

The current study

Based on numerous studies showing that empowerment is a major goal in treating domestic violence survivors (for review see Kasturirangan 2008), the researchers aimed in the present study to look at empowerment following a recalled mild relational disagreement between romantic partners. Previous studies have induced self-compassionate responding after a description of perceived failures or weaknesses; therefore, in the present study, the researchers extended the induction to an interpersonal setting (Leary et al. 2007).

The primary objectives of the present project were to investigate if self-compassion was positively related to empowerment. Additionally, a self-compassionate mindset was induced to test if asking participants to recall an event in a self-compassionate way would lead them to feel more empowerment. The hypotheses were: (1) participants high in self-compassion would report higher empowerment than participants low in self-compassion; (2) participants prompted to write self-compassionately about a previous fight in a romantic relationship would report higher empowerment than participants in a control condition; and (3) participants low in self-compassion would report significantly higher empowerment following the self-compassion manipulation, while participants high in self-compassion would report a lesser increase in empowerment. Thus, a significant interaction of self-compassion and condition was expected because the manipulation would likely be stronger for participants low in self-compassion as they would have more opportunity for growth in self-compassion and thus empowerment.

Participants in the self-compassion condition were expected to report better perceptions of the fight than participants in the control condition because as they wrote about the fight self-compassionately, it would likely facilitate self-acceptance and understanding. Also, the self-compassion

condition was again expected to be more powerful for participants low in self-compassion, resulting in a significant interaction of condition and self-compassion.

Method

Participants

Participants were recruited from a pool of undergraduate students at a university in the southeastern United States and given credit in a psychology course for participation. The pool included approximately 300–400 female students over the age of 18 years who were eligible to participate. Using G Power (Faul et al. 2007), a sample size of 124 participants was estimated to observe our hypothesized associations (based on a two-tailed $\alpha = 0.05$, power = 0.80, three explanatory variables, and an effect size of 0.15); however, the sample size goal was 200 to test the interaction effect and account for participants who would not complete the study. A description of the study was posted on the participant pool website with participants self-selecting into the study. Overall, 205 female undergraduates participated in the study (estimated to be 50%–67% of the total eligible individuals in the participant pool). Prior to analyses, 38 participants were excluded due to missing responses to intervention prompts or missing more than half of the questionnaire ($n = 29$), describing a fight within a non-romantic relationship ($n = 2$), and lacking prior romantic relationship experience ($n = 7$).

Measures

Self-compassion

The Self-Compassion Scale ($\alpha = 0.93$) developed by Neff (2003b) measured self-compassion with 26 self-report statements using a 1 to 5 Likert rating scale, ranging from 1 (*almost never*) to 5 (*almost always*). The scale included statements such as “I try to be loving towards myself when I’m feeling emotional pain.” Average self-compassion scores were calculated with high scores indicating high self-compassion. Neff (2003b) showed the scale to have test-retest reliability, internal consistency, and discriminant validity.

Empowerment

The Personal Progress Scale—Revised ($\alpha = 0.89$) developed by Johnson, Worell, and Chandler (2005) measured empowerment via 28 self-report statements using a 1 to 7 Likert rating scale, ranging from 1 (*almost never*) to 7 (*almost always*). The scale included seven factors; however, following Johnson, Worell, and Chandler’s (2005) recommendations, empowerment factor scores were not analyzed due to low internal reliability. The scale

contained statements such as “I am in control of my life.” A total empowerment score was calculated with high scores indicating high empowerment. Johnson, Worell, and Chandler (2005) found the scale to show internal consistency and discriminant and convergent validity.

State empowerment

The investigators developed a 14-item Likert rating scale of state empowerment as a dependent variable of empowerment, tailored to the fight description. Participants responded using a 1 to 5 scale, ranging from 1 (*not at all*) to 5 (*extremely*), and the internal reliability for the overall scale was questionable ($\alpha = 0.66$). State empowerment questions were designed to evaluate each of the seven factors of empowerment. A sample item was “How much self-judgment do you feel when thinking about the situation you described.” Scores for the total state empowerment scale were calculated with high scores indicating high state empowerment.

Fight perceptions

Participants answered three questions from Leary et al. (2007), addressing perceptions of the fight they described on a 1 to 7 scale, ranging from 1 (*extremely bad*) to 7 (*extremely good*). Questions included “Select a number to indicate how good or bad this event was,” “Select a number to indicate how good or bad this event made you feel,” and “Select a number to indicate the impact this event had on your life.”

Questionnaire procedure

All study methods were reviewed and approved by a university institutional review board. The study link and study description were posted on the psychology student participant pool website. When participants clicked on the link, they were directed to the informed consent document. If participants agreed to participate in the study, they were asked to click “next” in order to proceed to the questionnaire and receive credit. As a way of keeping participant responses anonymous, participants were redirected to another survey hosted by Qualtrics (Qualtrics Survey Software, Provo, UT, 2013) that contained the questionnaire and did not collect any identifying information. Participants completed the Self-Compassion Scale (Neff 2003b), and some additional personality questions (Ames, Rose, and Anderson 2006; Delistamati et al. 2006; Wheelless 1976) to dilute the potential priming influence of the self-compassion measure on the self-compassion manipulation.

All participants were given the prompt: “Think of the last big fight you had with a romantic partner and describe it here.” Participants were randomly assigned (via Qualtrics) to one of two reflection conditions. In

the self-compassion condition, participants wrote self-compassionately about the fight. Participants responded to three prompts designed to induce a self-compassionate stance. These prompts were modeled after study 5 in Leary et al. (2007) (e.g., “write a paragraph expressing kindness and concern to yourself”). In the control condition, participants responded to three prompts designed to reflect on the event (e.g., “describe your feelings about the event”). Writing about an event may lead to improved well-being; therefore, this writing control was used as an appropriate control condition (Pennebaker, Colder, and Sharp 1990). Following the experimental manipulation, all participants completed the remaining scales and demographic questions (gender, age, and ethnicity) and were debriefed.

Statistical analysis

The Statistical Package for the Social Sciences (SPSS) version 20 was used to manage and analyze the data. Descriptive analyses described the characteristics of the sample. Next, bivariate analyses were conducted to examine the relationship between self-compassion and empowerment. Prior to conducting analyses, the writing condition was dummy-coded so 0 represented the control condition and 1 represented the self-compassion condition. Furthermore, self-compassion was mean-centered. The self-compassion by condition interaction term was created to test for the possible interaction with empowerment. In addition, mean-centered age and dummy-coded race/ethnicity (coded 0 as white and 1 as non-white) were included as covariates in the model to control for previous findings that older adults have higher self-compassion than younger adults (Allen Goldwasser and Leary 2012). In addition, empowerment efforts often center on minorities (Reyhner 1992), making race/ethnicity a variable to account for in the current study. Four-step hierarchical regression analyses were conducted to explain empowerment scores with self-compassion and condition. The order in which the explanatory variables were entered into the model was determined a priori by the researchers to test the hypotheses.

Age and race/ethnicity were included in step one of the model to control for demographic variables. Mean-centered self-compassion was entered in step two as it was expected to account for the most variance in the outcome variables. The dummy-coded condition variable was entered in step three as the other main effect explanatory variable. Following recommendations by Aiken, West, and Reno (1991), the interaction between mean-centered self-compassion and dummy coded condition was entered in step four for each analysis. Model fit was determined using the significance of the change in R^2 for each step. Although the final model (including all three explanatory variables plus covariates) was hypothesized, information is provided for all models.

Results

Demographic characteristics

A final sample of participants included 167 female undergraduate students. Participants ranged in age from 18 to 48 years ($Mean = 22.21$, $SD = 5.23$ years). The sample was largely Caucasian/White (71.86%), but also included African-Americans (10.18%), Asian-Americans (4.79%), Hispanic/Mexican Americans, Latinas (13.17%), Asians (3.00%), Native Americans/Alaska Natives (0.60%), and Others (2.40%). Participants were randomly assigned to either a self-compassion ($n = 82$) or control condition ($n = 85$). An independent samples t -test was conducted to assess whether the data met the assumption of collinearity: the two groups did not differ on average self-compassion ($t(157) = 0.27$, $p = .789$). At the significance level of 0.05, the control group and the self-compassion group had no significant differences between groups on race/ethnicity ($\chi^2(1) = 0.97$, $p = .325$) or age ($t(136) = -1.97$, $p = .051$). The marginally significant difference between groups was controlled for as age was entered as a covariate in the analyses.

Means, standard deviations, and intercorrelations of measures

Self-compassion score ($Mean = 3.04$, $SD = 0.69$) was strongly positively correlated with the empowerment score ($Mean = 4.98$, $SD = 0.77$), $r = 0.62$, $p < .001$. Self-compassion was also strongly positively correlated with the state empowerment score ($Mean = 3.61$, $SD = 0.43$), $r = 0.39$, $p < .001$.

Hierarchical regression analyses on empowerment and perceptions of the fight

Empowerment

Step 1 of the hierarchical regression analysis was significant, $F(2, 132) = 3.92$, $p = .022$, showing that white participants felt more empowered than non-white participants (Table 1). Age was not significantly related to empowerment. At step 2, self-compassion accounted for a significant amount of the variation in overall empowerment scores, $F(1, 131) = 75.39$, $p < .001$, indicating participants high in self-compassion tended to have high empowerment with self-compassion significantly positively explaining empowerment. However, condition, step 3, did not explain overall empowerment scores, $F(1, 130) = 1.26$, $p = .264$, above and beyond self-compassion. Additionally, the self-compassion by condition interaction, step 4, did not account for a significant portion of the variance in empowerment, $F(1, 129) = 0.01$, $p = .921$.

Table 1. Hierarchical regression analyses examining the relationship between self-compassion, condition, and their interaction on empowerment.

Explanatory variables	PPSR		SE	
	ΔR^2	β	ΔR^2	β
Step 1	0.06*		0.00	
Race/Ethnicity		-.24**		-0.03
Age		-.01		0.05
Step 2	0.35***		0.15***	
SC		0.61***		0.39***
Step 3	0.01		0.01	
Condition		0.08		0.11
Step 4	0.00		0.01	
SC \times Condition		0.01		-0.11
Total R^2	0.41		0.17	
n	135		136	

Note. Self-compassion (SC); Dummy coded condition variable comparing the control and self-compassion conditions (Condition); Overall empowerment (PPSR); State empowerment (SE).

* $p < .05$, ** $p < .01$, *** $p < .001$.

State empowerment

Step 1 was not significant for overall state empowerment, $F(2, 133) = 0.21$, $p = .810$. At step 2, self-compassion accounted for a significant amount of the variation in overall state empowerment scores, $F(1, 132) = 22.50$, $p < .001$, indicating participants high in self-compassion tended to have high state empowerment. However, condition, step 3, did not explain overall state empowerment scores, $F(1, 131) = 1.87$, $p = .174$. The self-compassion by condition interaction, step 4, did not account for a significant portion of the variance in overall state empowerment, $F(1, 130) = 0.76$, $p = .385$ (Table 1).

Fight perception analysis

Four step hierarchical regression analyses found that step 1 was only significant for participants' perception of how good or bad the event made them feel (Table 2). White participants said the fight made them feel worse than non-white participants. Step 2 of the analyses showed that self-compassion was positively related to how good the event was, how good the event made them feel, and the positivity of the event's impact on their life. Within step 3, condition accounted for a significant amount of the variation in two fight perception questions indicating participants in the self-compassion condition tended to rate the event as better overall $F(1, 139) = 7.59$, $p = .007$, and participants in the self-compassion condition tended to feel better about the event, $F(1, 139) = 6.45$, $p = .012$.

The hierarchical regression analyses showed a self-compassion by condition interaction, step 4 (see Figure 1), accounted for a significant portion of the variance in the positivity of the event's impact on their life, $F(1, 138) = 5.00$, $p = .027$, indicating participants low in self-compassion

Table 2. Hierarchical regression analyses examining the relationship between self-compassion, condition, and their interaction on fight perception.

Explanatory variables	FQ1		FQ2		FQ3	
	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	0.02		0.04**		0.00	
Race/Ethnicity		−0.14		−0.18*		−0.06
Age		0.00		−0.08		0.03
Step 2	0.13***		0.05**		0.03*	
SC		0.38***		0.24**		0.17*
Step 3	0.04***		0.04*		0.02	
Condition		0.21**		0.20*		0.14
Step 4	0.00		0.00		0.03*	
SC × Condition		0.07		0.08		−0.28*
Total R^2	0.20		0.14		0.08	
n	144		144		144	

Note. Self-compassion (SC); Dummy coded condition variable comparing the control and self-compassion conditions (Condition); Participant perception of how good the fight was (FQ1); Participant perception of how good the fight made them feel (FQ2); and Participant perception of the fight’s positive impact on their life (FQ3).

* $p < .05$, ** $p < .01$, *** $p < .001$.

reported a significantly better impact of the fight on their lives after the self-compassion manipulation than participants low in self-compassion in the control condition. This effect was not found for participants already high in self-compassion.

Discussion

The hypothesis that self-compassion and empowerment would be positively related was supported as self-compassion was positively related to empowerment. As anticipated, these relationships were in line with previous research suggesting self-compassion is strongly related to resiliency (Neff 2003b). By

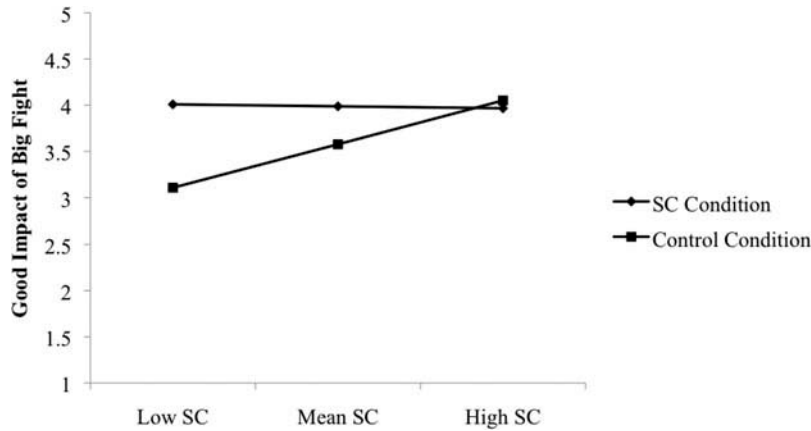


Figure 1. Self-compassion by condition interaction on the extent to which the participant perceived the fight as having a good impact on her life.

looking at the current results alongside past research on self-compassion, we can more fully understand why self-compassion and empowerment may be related.

First, empowerment includes a sense of personal strength, self-confidence, and self-care. These results support those of past studies linking self-compassion to self-determination, personal initiative, perceived competence, and self-efficacy (Iskender 2009; Neff 2003a, 2003b; Neff, Hsieh, and Dejitterat 2005). Additionally, the self-kindness component of self-compassion closely mirrors the self-care and nurturance involved in empowerment. Therefore, it appears the importance of treating oneself kindly is closely related to empowered thoughts and behaviors, such as meeting personal needs.

Second, empowerment is reliant on autonomy and healthy interpersonal patterns. It is likely self-compassion comes with a strong sense of identity leading to autonomous behaviors and decisions because self-compassion is associated with autonomy and sense of self (Neff 2003b; Reyes 2011). Our findings replicate previous results that have found self-compassion to be negatively related to submissiveness, anger, and verbal aggression (Akin 2009; Neff and Beretvas 2012; Neff and Vonk 2009).

Third, a pillar of empowerment is social justice and advocacy for the individual as well as others. In particular, self-compassion has been linked to lower self-stigma and stronger social identity in minorities (Chandler 2013; Williams 2005). Regarding advocacy, Neff and Pommier (2013) found that self-compassion was significantly connected to altruism, which was related to social activism (Fowler and Kam 2007). Our results suggest self-compassionate individuals may identify and manage discrimination through empowerment more easily than people who are low in self-compassion. Future programming for minorities should investigate the utility of self-compassion as a resiliency factor for minority concerns, such as minority stress.

The second hypothesis was not supported because participants in the self-compassion and control conditions reported similar levels of empowerment. Yet, many reasons are possible for the lack of support for a causal relationship between self-compassion and empowerment in this study. As participants completed a self-compassion measurement prior to their prompt responses, participants in both conditions may have been primed to think self-compassionately despite completing other scales to lessen the potential for priming.

Emotional changes and cognitive reframing of the event resulting from our manipulation were found. However, a short lab manipulation is likely not strong enough to change women's empowerment, which is rooted in a societal context. More involved interventions of self-compassion should be used to better understand if self-compassion can increase empowerment (Neff and Germer 2013). For example, practitioners may be interested in hosting self-compassion workshops

that immerse participants in self-compassion. Specifically, activities such as writing a compassionate letter to oneself may lead to investment from the participant.

Finally, participants in the self-compassion condition reported better overall ratings of the fight, its impact on their lives, and better feelings following the fight, suggesting self-compassion could be a useful tool for individuals following a negative event or interpersonal hardship. Moreover, participants low in self-compassion in the self-compassion condition reported a significantly better impact of the fight on their lives than participants low in self-compassion in the control condition, suggesting individuals low in self-compassion may benefit from self-compassion as they cognitively process and recover from trauma.

Limitations

The current study included only a female sample. Thus, the relationship between self-compassion and empowerment remains unknown in men. Likewise, our sample included only undergraduate college students and consisted of mainly Caucasian participants. Consequently, these results may not be generalizable to non-students and other racial/ethnic groups; results from a more diverse sample, exploring more demographic factors, are needed.

Participants were asked to describe a previous fight in a romantic relationship in an open-ended format. Therefore, the topic and intensity of the fights varied widely in both content and time frame. As empowerment is often described as a process, individuals whose fights were long ago were likely further along in the process of empowerment. Therefore, future studies may wish to give all participants a uniform vignette to avoid such variability.

Lastly, the researchers created a state empowerment scale aligning with the factors of the PPS-R because no state empowerment scale exists. Unfortunately, the scale had low internal consistency that may have resulted in misclassification of information. The low Cronbach's alpha for the state scale may be in part a function of a lower number of items than the original PPS-R. Although the self-compassion intervention resulted in significant increases of empowerment for participants low in self-compassion, future researchers should develop and use a more reliable measure of state empowerment to assess these initial findings.

Program implications and future directions

The current study lays a foundation, but future studies should investigate more involved self-compassion interventions to examine the possible causal relationship between self-compassion and empowerment. The authors believe longer self-compassion interventions may be a promising venue for empowerment.

This study has implications for empowerment-based health programs and social services. In particular, women higher in empowerment were also higher in self-compassion in this study. Thus, although self-esteem is more often used, self-compassion may be an invaluable addition to empowerment-based services aimed at increasing the wellness of women. In fact, Pauley and McPherson (2010) investigated feelings toward self-compassion in participants with mental health struggles, and although most participants were unfamiliar with self-compassion, many believed self-compassion would be helpful for them as they dealt with their health.

Teaching self-compassion challenges women to respond to personal inadequacies with kindness and equanimity. Instead of denying one's faults or becoming defeated by them, a self-compassionate woman can acknowledge inadequacies and move past them thus feeling empowered to make better choices. Self-compassion may have potential for empowering domestic violence survivors, as empowerment is often the central objective of such programs (Kasturirangan 2008). Several social service programs for domestic violence survivors base their efforts on empowerment and use the empowerment model to guide survivors without overpowering or controlling them. For example, self-compassion may aid women in developing autonomy through self-kindness and mindfulness.

Results support self-compassion as a potentially empowering process. As many therapies aim to empower clients, the current study provides a solid underpinning to investigate the utility of incorporating self-compassion into empowerment-based therapies and services. In particular, study of the use of self-compassion in domestic violence survivor programs may be a worthwhile effort as the current study suggests that self-compassion and empowerment are closely related constructs in women who have experienced relational conflict.

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