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Self-compassion in online accounts of nonsuicidal self-injury: An interpretive phenomenological analysis

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Self-compassion has been described as an adaptive form of self-to-self relating. It involves the three interrelated components of self-kindness, common humanity, and mindfulness exhibited toward the self at times of pain and failure. The current study explored the self-compassion among individuals who engage in nonsuicidal self-injury. It involved a qualitative analysis of online autobiographical stories from self-injury websites. The data were analyzed using interpretive phenomenological analysis with the aim of identifying how individuals who self-injure describe and express self-compassion in their online communications. Various themes and subthemes were generated within the three components of self-compassion. Implications of the analysis for future research, theory, and clinical practice are discussed.

Keywords: nonsuicidal self-injury; self-harm; self-compassion; interpretive phenomenological analysis; qualitative; Internet

Nonsuicidal self-injury (NSSI) refers to the deliberate destruction of one's body tissue in the absence of conscious suicidal intent (International Society for the Study of Self-injury, 2013). Common examples of NSSI include, but are not limited to, cutting, burning, or bruising of the skin; it is not uncommon for people to use more than one method. Although NSSI may begin at any age, it typically has an age of onset during early-to-mid adolescence; however, many individuals will start to self-injure during young adulthood (see Klonsky, Muehlenkamp, Lewis, & Walsh, 2011). Among adolescents and young adults, rates of NSSI range from 14 to 21% (Nock & Favazza, 2009), with some studies reporting even higher rates (see Klonsky et al., 2011). According to a review of the literature on NSSI functions, the two most widely cited reasons for NSSI are to regulate negative affect and to punish onself (Klonsky, 2007); however, people commonly endorse more than one reason for engaging in NSSI (Klonsky, 2007, 2009). Engagement in NSSI is associated with physical consequences (e.g. injuries, scarring) and psychological difficulties (e.g. isolation, emotion dysregulation, eating disorders, depression). Moreover, despite being differentiated from suicide on the basis of intent (to end life versus to regulate distress), recent research suggests that NSSI confers unique and robust risk for suicidality (Klonsky, May, & Glenn, 2013; Nock, Joiner,

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Gordon, Lloyd-Richardson, & Prinstein, 2006). Cumulatively, these results suggest that NSSI is a paramount public health concern with severe conseuqnces (Klonsky et al., 2011). Accordingly, it is important to understand experiences of individuals engaging in NSSI and factors that hinder NSSI.

Although a number of factors may underlie NSSI, there is evidence to suggest that self-criticism, characterized by the tendency to negatively judge and scrutinize oneself, confers risk for NSSI. Indeed, individuals who engage in NSSI have been found to report higher levels of self-criticism compared to those who do not self-injure (Glassman, Weirecj, Hooley, Deliberto, & Nock, 2007; Klonsky, Oltmanns, & Turkheimer, 2003). Self-criticism may also play a role in understanding how other variables confer NSSI risk. For example, it has been suggested that self-criticism may mediate the relation between past abuse and NSSI (Glassman et al., 2007; Klonsky & Moyer, 2008). In particular, it may be that abuse and criticism experienced from others are "internalized" and enacted in relation to the self (Hoff & Muehlenkamp, 2009).

Along the same lines, Shahar et al. (2012) theorized self-criticism as "a type of self-to-self relationship wherein one part dominantly attacks and criticizes and the other sub-missively receives the attacks" (pp. 497–498). This perspective presupposes an internal conflict or dialog between two aspects of the self: critical and criticized, with the critical part criticizing a more vulnerable part of self (Kelly, Zuroff, & Shapira, 2009). Shahar et al. identified two therapeutic tasks for reducing self-criticism: softening of the inner critic and fostering the assertive resistance to inner attacks of the vulnerable part of self. In fostering assertiveness, the criticized part's feelings of shame and powerlessness are transformed into adaptive anger and expression of needs and wants. In softening, the inner critic is first invited to criticize the other part of the self and then asked to adopt a more compassionate, caring stance. The latter element of the self-to-self relationship has been termed "self-compassion" and defined as an ability to self-reassure at times of distress; it has been proposed as a potent antidote to self-criticism (e.g. Gilbert & Proc-ter, 2006; Shahar et al., 2012).

Neff (2003) offered a now widely cited definition of self-compassion comprising self-kindness (i.e. being self-kind rather than self-critical); common humanity (i.e. view-ing one's distress as common and self as needing human connection and relationships); and mindfulness (i.e. holding one's distress in mindful awareness rather than over-identifying with or avoiding it). Self-compassion has been distinguished from self-esteem and self-pity (Neff, 2008). Self-esteem is based on comparison with others or internal standards for the self, while self-compassion is extended to the self regardless of one's social standing and performance. Self-pity differs from self-compassion in that it entails being engrossed in one's suffering and failing to recognize that suffering is a common human experience (Barnard & Curry, 2011). Like self-criticism, self-compassion may be seen through a relational lens, as a psychological process developed and maintained in relation to others (e.g. Bretherton & Munholland, 1999; Mikulincer & Shaver, 2007). Repeated interactions with caregivers who are validating and compassionate may create positive emotions and representations of the self as worthy and loveable (Bowlby, 1969), and as foster self-compassion later in life (Mikulinger & Shaver, 2007).

Self-compassion has been found to promote psychological well-being and protect against distress (e.g. Neff, 2003; Neff, Hseih, & Dejitterat, 2005; Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Individuals who are high in self-compassion are not as distressed by negative events, have higher positive affect and lower levels of

self-criticism, and report greater life satisfaction than people who are low in self-compassion (e.g. Neff, 2003; Neff, Kirkpatrick, & Rude, 2007). Self-compassion has been implicated in the reduction of anxiety, depression, and a host of other health and mental health difficulties (e.g. Gilbert & Procter, 2006; Kelly, Zuroff, Foa, & Gilbert, 2010; Krawitz, 2012; Neff et al., 2007; Werner et al., 2012). Compassionate mind training, self-compassionate imagery, mindfulness-based stress reduction, and Gestalt two-chair technique are the most commonly used interventions for enhancing self-compassion and reducing psychological distress (see Barnard & Curry, 2011). Several studies have been conducted on their effectiveness (e.g. Kelly et al., 2009; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Neff et al., 2007; Shahar et al., 2012), cumulatively suggesting the therapeutic value of fostering self-compassion. To treat NSSI, psychological interventions are often recommended, aimed at reducing negative cognitions accompanying it and enhancing self-compassion, mindfulness, and negative affect tolerance and regulation (e.g. Choate, 2012; Gratz, 2007; Miller, Rathus, & Linehan, 2007; Van Vliet & Kalnins, 2011; Walsh, 2006).

Although self-compassion has been investigated in relation to a range of mental health concerns, there is little to no empirical work exploring self-compassion in the context of NSSI, nor is there much in the way of data demonstrating the effectiveness of compassion-based interventions for NSSI. We were able to locate one article that conceptually explored the nature and potential benefits of using a compassion-focused approach to therapy for NSSI (Van Vliet & Kalnins, 2011). Here, the authors presented a theoretical rationale for the use of compassion-focused therapy to address NSSI, including specific techniques that may have relevance and usefulness when helping clients reduce NSSI.

The rationale for examining self-compassion as enacted and experienced by those engaging in NSSI is twofold. First, research in this area may help determine whether and how self-compassion and different self-compassion components play a role in the context of NSSI. For example, research implicating the role of self-criticism as a risk factor for NSSI (Glassman et al., 2007); it seems reasonable that a lack of self-compassion may contribute to NSSI. By extension, and congruent with recent clinical theory, self-compassion may also play an important role in recovery from NSSI (Van Vliet & Kalnins, 2011). Second, studying NSSI in the context of self-compassion may offer heuristic value by highlighting novel avenues for NSSI and self-compassion research. For example, this line of research may serve as a basis for future work involving the development of conceptual frameworks to explain why some individuals self-injure; relatedly, this may help identify what may protect against NSSI or perhaps lead to its desistance. To this end, this line of empirical inquiry may have implications for clinical practice in terms of highlighting potentially modifiable foci for clinicians who work with clients who engage in NSSI.

The aim of this study was to explore how self-compassion features in online accounts of individuals engaging in NSSI. In particular, we were interested in how individuals who self-injure discussed being compassionate and kind toward themselves and how they exhibited self-compassion in and through their online discourse. Our objective was not to explicate the process of identity or attitude construction (i.e. sociolinguistic practices involved in producing particular descriptions or versions of subjectivity). Instead, we focused on the content of participants' online testimonies including what self-compassion meant to them, how they accomplished it day to day, and how they

accounted for it. We elected to focus on people's online accounts in light of a number of recent studies documenting the salience of online communication among those individuals with a history of NSSI (e.g. Lewis & Baker, 2011; Lewis, Heath, St. Denis, & Noble, 2011; Lewis, Heath, Sornberger, & Arbuthnott, 2012). In particular, it has been suggested that the Internet may represent a preferred method of communication for many individuals who self-injure, especially when offline communication is not possible (for a review see Lewis, Heath, Michal, & Duggan, 2012).

To analyze the online data in this study, we employed interpretive phenomenological analysis (IPA) (e.g. Smith, 2004; Smith, Flowers, & Larkin, 2009; Smith & Osborne, 2008). The goal of IPA is to explore how participants make sense of their lived experiences. Theoretical roots of IPA are found in phenomenology (e.g. Giorgi, 1985; Husserl, 1970), hermeneutics (Gadamer, 1992; Ricoeur, 1970), and existentialism (e.g. Heidegger, 1962). IPA is also informed by symbolic interactionism (e.g. Blumer, 1969; Mead, 1934) concerned with how people construct meaning socially and symbolically. This approach is idiographic and interpretive (Smith, 2004). Here, researchers do not seek to produce generalizable, nomothetic statements; rather, they aim to generate rich, nuanced, and ideographic descriptions of experience. IPA is interpretive (Smith & Osborne, 2008) in that participants' meanings or interpretations are then interpreted by researchers – a "double hermeneutic" characteristic of scientific inquiry (Giddens, 1987). Researchers assume that any description or understanding is inevitably shaped by researchers' presuppositions and values, and that it is impossible to generate an objective- or perspective-free account of reality (Smith, 2004). To enhance the rigor of the study, we sought to systematically ground our claims in the empirical data (Smith et al., 2009). We engaged in ongoing reflection, primarily through memoing or documenting of our decision-making and interpreting, and displayed verbatim quotations alongside our claims to allow for an appraisal of the study's rigor by the reader (Rolfe, 2006; Sandelowski & Barroso, 2003).

Method

Participants and sampling

Researchers using IPA engage in purposeful sampling and analyze data obtained from a fairly homogenous sample (Smith et al., 2009; Smith & Osborne, 2008). Excessive homogeneity, however, may restrict transferability of the conclusions (Smith et al., 2009). In IPA, depth of analysis is prioritized over its breadth (Smith & Osborne, 2008), and using a large corpus of data may undermine the rigor of a study by preventing researchers from examining a phenomenon in depth (e.g. immersing in the data for a prolonged period of time, attending to nuances, and complexity). Researchers using IPA most commonly employ semi-structured interviews to collect data. However, other sources of data, such as autobiographical accounts, may offer rich descriptions of people's meaning-making (Smith, 2004).

In this study, we used online autobiographical data collected between the months of April to October 2013. Using Google's online search engine, we entered the terms "self-injury," "self-harm," and "self-mutilation" to identify websites addressing people's experiences with self-injury; similar approaches have been used in past research to identify NSSI online content (e.g. Lewis & Baker, 2011). Google was chosen as it

represents the most-used website and search engine on the Internet (Alexa, 2013). The search yielded a total of 27 websites, all of which were used in this study. All but three websites were discussion forums (i.e. e-communities) focusing on NSSI or other mental health issues (of which NSSI was a topic); these websites allow individuals to communicate with others by posting and reading messages. The remaining websites were blogs, which were managed by a single individual who chronicled aspects of his or her NSSI experiences. Websites were identified using the following inclusion criteria: people providing rich descriptions (i.e. detailed, nuanced, meaningful descriptions) of their experiences with NSSI that also included aspects of self-compassion (e.g. references to having kindness or acceptance for oneself, making efforts to be mindful, recognizing that they are not alone in their suffering). It was not necessary for the terms "self-compassion," "self-kindness," "mindfulness" to appear in online responses for them to be included into the database; implicit and indirect references to self-compassion sufficed (e.g. "I am proud of myself," "I had the right to legitimately claim how bad things had been for me," "I still struggle – but I am stronger"). The data collection continued throughout and was adjusted in light of the data analysis. Specifically, as data analysis progressed some themes required further refinement; in these cases, we went back to the data to enrich, add nuance, and deepen our understanding of the phenomenon of interest. Many of the sites contained more than 100 entries and provided short descriptions of people's experiences with NSSI. The sites were mainly based in the United States and United Kingdom, with some sites not specifying their location. We analyzed 170 posts and narratives, ranging in length from 25 to 750 words. Although there were many posts in which self-compassion was mentioned in the context of NSSI, we attenuated focus to this number of entries because examining additional posts did not seem to offer new information beyond what is presented below. Although analysis is iterative and ever evolving in IPA, researchers elect to analyze data no further when they achieve an "understanding represented in a way that achieves coherence and integration while preserving nuances" (Elliott, Fischer, & Rennie, 1999, pp. 222–223).

The study's topic defined the boundary of the sample. Through the initial scanning of the sites' content, we noted that most comments addressing participants' compassionate positioning toward themselves and their experiences came, perhaps not surprisingly, from posts dedicated to NSSI recovery. We targeted the autobiographical contents (i.e. references to the self and one's experience) of the recovery-oriented posts related to NSSI for our analysis. The websites we located predominantly contained comments indicative of self-criticism and self-pity. We did not calculate and compare frequencies of self-compassionate and self-critical/pitiful messages. In selecting the data, we used convenience sampling (i.e. including any self-compassion related comments we encountered online) and purposeful sampling (i.e. selecting only posts that addressed self-compassion and NSSI, as opposed to another construct), drawing a sample of postings without any probability-based selection method. These data collection strategies have been used in other research examining online NSSI communication (Lewis & Baker, 2011; Lewis et al., 2011) and are commonly used by researchers using IPA (Smith, 2004; Smith et al., 2009; Smith & Osborne, 2008). We neither sought to produce a comprehensive account of self-compassion, nor generate a representative sample in order to generalize the results to a larger population. Instead, we were concerned with exploring and describing in depth possible ways of displaying or conveying self-compassion in the context of NSSI.

Some individuals reportedly continued to engage in NSSI, while others presented themselves as no longer self-injuring or as in recovery or having recovered. Participants reported demographic characteristics minimally and inconsistently. Of the 170 posts, four identified an individual's age at the time of posting, nine specified the time since the last incident of self-injury, six contained (commonly ambiguous) references to education (e.g. "school," "degree," "courses"), and five implied a relationship status (part-nered, single, married). No other demographic information was disclosed. We carefully consulted the research ethics board and copyright consultants at our institution and were informed that we could analyze the contents of websites that do not require users to register and subsequently could publicize short excerpts from participants' stories.

Data analysis

Thematic analysis, or a search for thematic patterns in the data, is commonly used by IPA researchers as a method of data analysis (Smith et al., 2009). Themes and subthe-mes are generated, supported by "evidence" (verbatim quotations), and interlinked or combined into a holistic description (Finlay, 2014). We first read online comments attending to aspects of discourse related to self-compassion. As noted above, we relied on the conventional definition of self-compassion, while attempting to remain open to other expressions and manifestations of self-compassion in participants' accounts. Selected comments were then subjected to an in-depth phenomenological analysis using the qualitative analysis software, MAXQDA. The user interface of MAXQDA is divided into four windows (list of transcripts, list of codes, text of each transcript, and selected quotations from each or all transcripts). The software allows organizing, ana-lyzing, interpreting research data, creating reports, and conducting team analyses. The analysis was led by the first author and audited (i.e. commented upon and revised) by other co-authors. Initial line-by-line coding was conducted by the first and fourth authors and resulted in a list of themes and subthemes, with subthemes being gradually developed, revised, and deleted in light of the interpretation of additional data. Specifi-cally, in order to obtain a global sense of data or to grasp the data in its entirety, the first and fourth authors read through all selected comments. Following this, they engaged in the line-by-line coding by identifying the meaning units (i.e. self-contained meaning blocks) that pertained to self-compassion within each posting. The next step involved attaching a more precise descriptive term to meaning units within each post-ing. Named meaning units were then synthesized into consistent and systematic general themes that were common to all postings. The final outcome was a detailed description of the phenomenon that included the participants' original quotations. Seeking to build themes and their interrelations, a recursive approach to analysis was adopted that encompassed an interplay of inductive and deductive reasoning processes: we sought to be open-minded in our attempt to understand how participants themselves made sense of and practiced self-compassion (induction) while being sensitized to extant self-compassion literature (deduction). As the analysis progressed, the three broader themes (i.e. self-kindness, common humanity, and mindfulness) seemed to capture participants' experiences and constructions of self-compassion. Subthemes were arranged into higher order themes based on their salience within online comments (Finlay, 2014). What makes an observation salient is subjective and contingent upon the research context. IPA researcher's interpretive presence implies that 'a more or less tacit "significance filter" is

applied, by which some events in a setting are noted while others are not' (Tjora, 2006, p. 433). We were interested in aspects of participants' accounts that were rich in detail and meaning, unanticipated, and useful from an explanatory standpoint.

Considering the interpretive nature of IPA, it is important to reflect on assumptions, beliefs, and values concerning the topic that informed our analysis. First, we assumed that individuals could describe themselves and their experiences in more or less caring, compassionate ways. When selecting data for analysis, we borrowed concepts from the existing literature on self-compassion, namely the widely cited definition of self-compassion as involving self-kindness, common humanity, and mindfulness (Neff, 2003). Second, we presumed that participants' understandings of their experiences and subjectivities would be influenced by their life histories, resources, and sociocultural contexts. Finally, we saw participants' online communications as a possible context in which they may be actively engaged in self-caring or retrospectively reflect on their experiences of self-compassion. Overall, we approached the analysis from a positive psychology perspective, which focuses on people's strengths, competencies, and resiliency in studying mental distress and illness (e.g. Baumgardner & Crothers, 2009; Snyder & Lopez, 2005). Although these assumptions and theoretical influences informed our interpretations of the data, we sought to remain open to possible discrepancies between our reading of the data and the presuppositions we brought into our analysis.

There were four criteria used to enhance the rigor of the study (Lincoln & Guba, 1985). We sought to ensure credibility (i.e. the extent to which the results present a credible interpretation of the data) by purposefully selecting participants whose accounts reflected self-compassion (as opposed to another construct); engaging in continuous reflection to explore theoretical and personal influences on the analysis; and displaying verbatim quotations to facilitate the reader's assessment of rigor. Transferability (i.e. the degree to which the results transfer beyond the bounds of the study) may be limited because it was difficult to determine whether all participants were engaging in NSSI and were truthful in their comments. Nonetheless, we used audit trail or reflection and documentation of researchers' assumptions, procedures, and decisions to help the reader transfer the conclusions of this study to other cases. This strategy was also used to increase dependability of the study (i.e. the degree to which the reader trusts that the study was well designed and conducted the way it was described). Lastly, confirmability (i.e. the extent to which the results are supported by the data collected) was enhanced by displaying verbatim quotations to help the reader compare the data and researchers' interpretations.

Results

The results are categorized into the three conventional elements of self-compassion discussed in the literature (Neff, 2003, 2008): self-kindness, common humanity, and mindfulness (see Table 1 for the list of themes and subthemes). Our analysis reveals that each component is not divorced from other components; rather, the three components tend to overlap and interrelate. The excerpts presented below were taken verbatim from the online postings and, as such, may include participants' grammatical errors. Pseudonyms are used throughout this section.

Table 1. Summary of Themes and Subthemes.

Self-kindness
Being understanding and empathic toward self
Acknowledging progress and resourcefulness
Engaging in acts of self-care and self-support
Reconstructing identity
Common humanity
Receiving compassion from others
Normalizing self-injury
Feeling compassion for others
Resisting external and internal judgment
Being visible
Mindfulness
Having a balanced experience and perspective
Accepting one's experience and coping
Seeing distress as temporary and manageable
Holding onto hope

Self-kindness

Below, we detail four subthemes generated under the broader theme of "self-kindness." These include: being understanding and empathic toward the self, acknowledging one's progress and resourcefulness, engaging in acts of self-care and self-support, and developing an affirming sense of self.

Being understanding and empathic toward self

For some participants, an aspect of gaining self-understanding related to them realizing why they self-injure. For instance, one participant wrote:

> I know now that I self harm to deal with my frustration and anger - usually at myself, and it started with my parents divorce. Self-harming, for me, was a compulsion. I don't place any blame on anyone. Not even on myself. It was just my way of dealing with those feelings and it isn't until some 18 years later I can admit that to myself. I self-stigmatize. I can only now admit to myself why I did it, why I always think about doing it, but w hy I hopefully will never do it again. (Stacie)

Similar to this, some participants engaged in "re-storying" (White, 1995) their NSSI experiences. In particular, they placed their NSSI story in the context of life hardships and suffering. In the testimony below, Eric contextualized NSSI in a manner, which conveys a sense of empowerment and freedom to entertain a broader range of possibilities for action. His comment seems to highlight the intersection of self-kindness and mindfulness. Constructing NSSI as a meaningful, justifiable, and understandable response to harsh life circumstances, rather than as a sign of personal pathology or deficiency, helped Eric transform his "habit" of self-injuring. Eric also seemed to distinguish between intellectual and experiential insight into his past and highlighted the importance of the latter:

I think it is that compassion that I built on. When I could tolerate feeling kind to myself, or feeling like I had the right to legitimately claim how bad things had been for me, I found the urges became something I had more of a choice to act on. I spent so long hiding my self-harm, or trying to condemn it for show that I never had spent any time sat contemplating why I did it. I believe that to really transform a habit, you have to understand why it exists and what drives it. Not in an intellectual "this is bad mmmkay" kinda way. But in a "wow, this is why I do this, this is what it feels and what it does for me" kinda way. I had to stop pushing it away and just let it be in my life for what it was and then honestly ask myself, do I really want to continue? (Eric)

Remembering the past in a different, more self-empathic way allowed participants to normalize their NSSI experiences rather than self-pathologize or judge themselves for using NSSI as a means to manage emotional pain, as in Monica's account:

[Describes a distressing event from the past] Remembering this has reminded me just how terrible I must have been to deserve not being heard, and that I was nothing but a bother. So, now that I've been reminded of those things, it's no wonder that I have struggled so much with self-hatred and the fear of bothering others even more so than normal, and why my self-injury triggers have been so bad. (Monica)

These quotes stand in stark contrast to quotes representing a non-compassionate understanding of the past. Below, although Matt seems to have gained insight into the reasons for engaging in NSSI, his insight seems to lack compassion and empathy:

I thought that I was finally doing something right, that I might actually be able to do something good for once. Thanks for crashing that fantasy, you helped me to see the reality of the situation … I am incapable of bringing any good to this family, or to anyone for that matter. I understand it now, I remember why I SI, I'm not and won't ever be good enough. (Matt)

Acknowledging progress and resourcefulness

Another aspect of self-kindness was participants' noticing and recognizing of improvements and positive changes in their lives. For example, Monica remarked:

My family and I are pretty much estranged at this point … My love life is kind of a joke … . But I do ok by myself. I may not always be perfect, but I get by, not yet thriving but existing, and that's more than I could say about myself a few years ago.

Even when stories conveyed that participants clearly continued to struggle, there seemed to be greater acceptance of difficulties, and appreciation of small changes:

Almost everything has changed for the better, or at least it has started to … . So I have the anxiety under control, usually I can talk myself down and breathe and sit through it. If I can't, then I recognize what it is and it's better than before. I'm not actively drinking or using drugs anymore. I think of it almost constantly but I'm not doing it. I'm not suicidal all the time, that's big. I can communicate better. My relationship with my family has improved dramatically, my relationship with my partner is much more open and honest on my end. Not always, not right now, but in general. (Angela)

Angela's description of her progress is another example of self-kindness overlapping with mindfulness. Indeed, she described her ability to distance herself from an immediate distressing experience and to reflect on her relationship more globally (i.e. as having improved).

In addition to noticing and discussing their progress and improvement, participants attributed positive developments to themselves, namely their efforts and enhanced abilities. Some managed to tap into their inner resourcefulness even when it seemed impossible: "I feel unable to stop, but I CAN, I know I can. I HAVE before." Others expressed feeling proud of themselves:

> I haven't self-injured since October 2012 and I am so proud of myself. I remember sometimes I used to stay up at night, thinking about how I made the wrong choices and how I let it depress me. I would have crying spells in the shower or in my bed right before I went to sleep. I don't feel lonely anymore and I have a girlfriend who cares for me deeply. She is the cherry top to my ice cream sundae life. (Sam)

Engaging in acts of self-care and self-support

For some, self-kindness was expressed through the acts of care and support toward the self, including but not limited to: engaging in hobbies, setting goals, shopping, sleeping, resting, cooking, practicing relaxation and mindfulness, cleaning, exercising, attending counseling, listening to music, reading, and not overexciting oneself at work. Self-care could be construed as an embodied act of self-kindness or the "doing" of kindness toward the self. These acts seemed to help participants get through difficult times and counter or reduce urges to self-injure, as illustrated by Dan and Natalie:

> I found out that I really enjoyed writing stories and poetry and started to do that when I felt like hurting myself. The harming didn't stop straight away but I started to do it less and less and found other things to do to take my mind off it. (Dan)

> My family pressures me to save money. Sometimes I want to ask them what they'd rather me do: spend a little extra money on myself or self-injure … I honestly feel like splurging once in a while REALLY helps me not think of self-injury. I know it's just an addiction in another form… But a while ago I got to go to the bookstore by myself, browse books, find books, enjoy myself without rushing, go shopping for clothes a little, and enjoyed a dinner by myself and a good book. Like that was the best night I have had in a long time. I don't think I have enjoyed myself that much in a very very long time. (Natalie)

Developing an affirming sense of self

The last subtheme of Self-Kindness reflects participants' sense of self as transcending their illness or, in this case, NSSI. Individuals whose accounts we studied challenged the construction of their selves as abnormal or deficient. As one participant said: "Self-injury does not define you. No struggle will ever define you; your story is more than that. You deserve freedom from this pain. You are beautiful, wonderful, incredible, and inspiring, lovely and lovable." Other participants indicated that: "I am still a 51 year old baby, but I will keep reciting 'I am not my illness' until I believe it," and "These

people knew the damage I had done, knew the pain and hurt I carried around with me and saw past that, they saw me. Not my illness." In these accounts, the notion that NSSI defines and fully captures one's identity and personhood is actively challenged.

Overall, participants seemed to show kindness toward themselves by construing their experiences and actions through a more empathic or understanding lens, attending to small changes in their lives and crediting themselves for making such changes, engaging in self-support and self-care initiatives, and seeing themselves as more than distressed individuals or as "self-injurers."

Common humanity

Subthemes discussed under Common Humanity pertain to one's construction of self as connected to others and a part of the larger social context.

Receiving compassion from others

Many participants emphasized the significance of "events of compassion" – how they confided in others and how others, in turn, responded with validation, understanding, and acceptance. These events were identified as paramount in contributing to participants' "recovery" and making challenging emotional experiences more manageable, as illustrated in Ben's quote:

> I remember the first time I ever confided in someone that I'd been self-harming like it happened yesterday and not for the reasons you might think. Mine was a really positive experience and one that I have no doubt at all hugely aided my recovery. (Ben)

Similarly, Megan discussed a highly meaningful experience of being cared for by another person. She offered a vivid description of her struggle to disclose NSSI and the shame ("put my head down") that followed by her friend's verbal and physical demonstration of care and acceptance:

> A friend of mine saw the cuts one day an asked why I had them. I told him a cat did it, he looked at me an said "It was you not a cat wasn't it?" I put my head down and all he did was lifted my head up and hugged me and didn't let go. Whenever I needed to talk I would talk to him, he would tell me that he didn't want to lose me. Just hearing someone say that didn't want me go and showed me that they did care, meant more to me than anything. (Megan)

Participants articulated experiencing a strong yearning for human connection and care. Some attributed NSSI to a lack of compassion and social connection in their lives. Those who did not have access to support and care nonetheless desired it. Arguably, such yearning for care may, in itself, be an expression of self-compassion as it reflects a view of oneself as deserving of care and asserts one's needs in this regard. Leanne articulated her strong need for care and linked it to NSSI in the following manner: "I really wish I had comfort – a hug, compassion, a chance to talk without judgment or a time limit. Sometimes self-injury helps not to feel this deep ache of loneliness." Simon similarly wrote about the significance of support and attributed NSSI to the insufficient support in his life:

I see now that I wanted to share this with my partner all along – to communicate how much I hurt, how alone and crazy I felt. And to have constructive help from the person who cares about me the most. One thing I learned from this past year of self-injury is that I can't handle it by myself. It just gets worse in a bubble of silence and secrecy. (Simon)

For some participants, compassion and understanding from others were precursors of self-compassion, as captured in this quote:

I had a therapist who acknowledged that self-harm works and makes sense on a survival level. It doesn't really carry the judgey aspects of morality in it's barest form, it is way of staying alive through horrific things. … Once someone who I trusted dispensed with the morality of it, I could see that I did have some compassion for myself. I had been raking myself over the coals for doing the only thing that got me through. The people around me who ought to have been equipping me and protecting me, were not … I was doing the best I can to deal with rape, abuse, torture, invalidation, neglect, untreated mental illness.

Compassion from others may have offered an alternative inner voice of kindness for individuals whose self-to-self relation was predominantly characterized by external and internal criticism and invalidation.

Normalizing self-injury

Experiences of compassion and care may have also fostered a sense of common humanity in participants, or the realization that they are not alone in their suffering:

Getting all my frustrations and hate for the world off my chest was so relieving, and then hearing others say that they understood what I was going through and knew how I felt. It's an amazing feeling to know that I'm not alone in the world, and I'm not the only one who felt that hate and sadness. (Ian)

Through interactions with others who also struggled and engaged in NSSI, participants seemed able to normalize (i.e. see as normal or common) their experience and coping and recognize that they were not alone or abnormal. John discussed this in the following way:

Reading through all of my old posts I now realize I am normal, I have a long history with self-injury but it's no different than someone who is an alcoholic. It's our way to deal just like my eating disorder. We all have our ways to get through the dark times … (John)

Feeling compassion for others

Some participants discussed having acquired a greater sense of compassion for others, as expressed by Lori:

I always thought it was my family and friends that showed stigma towards my "situation" by not really talking about it and sweeping it under the carpet. By eluding to it and making reference to it, but never discussing "it". But it wasn't, it was me self-stigmatising. I now realise that it must be a really hard thing for a family member or a friend to see someone clearly struggling and doing so by hurting themselves, and perhaps worrying that that person might go off the rails. (Lori)

It is possible that self-compassion afforded some individuals more distance from their own suffering (Neff, 2003), creating more psychological space for others' perspective and distress.

Resisting internal and external judgment

An aspect of self-compassion was a decreased concern with social judgment and criticism. As Chloe remarked: "I am quite willing to talk about self-harm if [others] ask, but I don't let their reactions upset me." Participants disclosed not only being less sensitive to external judgment but also more able to resist inner criticisms and not be as easily distressed in response. Derek remarked, "I don't get as worked up if I think I did something wrong. I feel more confident." For Derek, his mistakes seemed to no longer represent signs of failure or inadequacy as a person. Arguably, enhanced resistance to self-directed psychological hostility, afforded through self-compassion, may help prevent or minimize injury done to the body.

Being visible

The last subtheme under Common Humanity captures experiences of increased openness, vulnerability, and "visibility." Openness was accomplished both verbally and physically. Signs of engagement in NSSI commonly remain visible on the body and are available for external observation. Here, NSSI may represent an embodied practice vs. an act used to cope with difficult feelings as noted by other participants. In other words, the body publicizes NSSI even when the person is not willing or able to do so. Some participants disclosed their NSSI indirectly – not by informing others but by no longer concealing their scars. Regardless of how participants disclosed their NSSI, many found this experience extremely challenging and anxiety provoking. Some seemed to find the experience of NSSI disclosure positive and reported feeling relieved and accepted by others. Below, Lynda discussed feeling pleased that she "came out" to her friends about NSSI. Self-disclosure afforded her more freedom and openness in her relationships:

> I am now a university student, and my scars are now visible. I made the decision not to spend another hot day in extreme discomfort, not to let my fashion sense be dictated by anything other than desire and not to obsess over every action with the anxiety of being exposed. The transition was easy. I was meeting new people and if I didn't mention my scars, neither would they. On the flip side, if I did choose to mention self-harm to close friends, they then weren't shocked. I can have intimate relationships without the fear that I am being deceptive – something that held me back before. (Lynda)

Participants found it easier to disclose NSSI to strangers than to significant others (e.g. partners, friends, family members):

> Becoming visible around old friends was a little harder. I hadn't worn short clothes around them for many years, and none of them knew the extent of my mental health problems. The first time I wore a t-shirt, one friend remarked, "Oh my God, what happened to your arms?". I told her they were just old scars, and she was satisfied. There is now an unspoken understanding that I have a problem with self-harm, and I feel more infinitely more comfortable socializing with these people. (Nick)

To summarize, for some participants, a sense of connection and social relatedness manifested as an increased openness to receive care and support from others. With this, they seemed to acquire an improved capacity to resist and not internalize social judgment. Others described occupying more public space and being more open and vulnerable. Still, others recognized that suffering and how one manages suffering are common human experiences. This insight seems to have yielded greater compassion toward others.

Mindfulness

The last aspect of self-compassion is mindfulness, which includes having a balanced experience and perspective, accepting one's experience and coping, viewing distress as temporary, and being hopeful.

Having a balanced experience and perspective

An aspect of mindfulness described by participants pertained to maintaining a balanced experience of distressing events. In other words, they were facing negative affect without becoming overwhelmed by it. Some participants reported that they remained focused on the present experience instead of avoiding these experiences altogether. For example, some individuals indicated that they did not engage in rumination about the past nor did they worry about the future. Others discussed redirecting their attention. In doing so, they actively decided to not mentally or emotionally succumb to an experience. One individual noted: "It doesn't mean I am giving up. It means I am going to try and not pay attention to the elephant in the room." Some tried focusing on the present moment, which involved observing and describing an experience or environment or attending to their breathing; for example, one individual noted that: "I try to breathe through my anxiety because eventually that anxiety lessens." Below, Clair's account provides a more in-depth illustration regarding her efforts to be mindfully present:

> Today, or at this moment I should say, I feel free. There is a chill in the air. The window is cracked so I can feel the cold. I am under a blanket. I don't have to go outside today. That's probably the best part of the freedom. Ironic, yes? I feel the most freedom inside my or my daughter's apartment? Like a trapped animal that enjoys the confines of the trap. I have looked at my wounds with pride, not shame today. I have rubbed my fingers or my toes over the wounds that are almost healed. It feels good to touch them. It feels good to feel the roughness. (Clair)

In addition to having a balanced experience, participants' stories reflected a more diversified set of perspectives about their difficulties, identities, and life circumstances. Rather than seeing NSSI as either a positive or negative aspect of her subjectivity, Melanie was able to entertain a "both/and" perspective:

> Self-harm is merely a result of a much deeper struggle. It's a coping method, for the most part. Of course it brings along more problems than it solves, but to a mind in search of relief, it's a habit worth hanging onto. (Melanie)

Accepting one's experience and coping

Another aspect of mindfulness was to face or experience one's distress without judging it or as one participant wrote: "To change something, I have to accept it. To accept it, I have to practice not judging it. Judging something is putting distance between it and myself." Participants characterized acceptance of their experience as comprising of the following elements: envisioning recovery as a process, accepting experiential "ups and downs," and seeing relapses or "slips" as inevitable. To describe the fluctuating nature of her experience, characterized by the progress–regress dialectic, Andrea remarked:

> At some point I have to accept how I am and just look for the good things. I have self-injured on and off since my mom died when I was 14. I am now 51. Yes I have 6 open wounds yet again. I will always struggle with depression. I will always take steps forward and steps backward. (Andrea)

Tim similarly seemed to view recovery as a process. He accepted continuing to struggle while recognizing improvement or change taking place over time:

> Recovery from anything is a process, which for me personally involved years of therapy and psychiatric medication. And it's not as if I am never tempted to go back to old habits or struggle with those same triggers. I still struggle – but I am stronger. I am living, and I am staying safe. (Tim)

Acceptance of experience also included feeling content with slips or relapses. For instance, one individual remarked that: "I've relapsed many times since, but you know what? That really is okay. With the help of some anti-depressants, some wonderful therapists, support from those around me, I am in recovery."

Seeing distress as temporary and manageable

Of the accounts we examined, several conveyed a sense that their emotional distress was ephemeral in nature. Indeed, some recognized, through experience or education, that emotional distress or urges to self-injure do not last. Here, there seemed to be an implied sense of the self as being capable of "riding the wave" and waiting for the storm to pass. For example, one individual noted that: "… But then again, I can handle it, as it only lasts for a minute or so concentrated." Below, Liam recounted his experience in the following manner:

> During high school, I went into a self-injury recovery program at my local psychiatric hospital. One of the many coping mechanisms they taught me was called "Ride the Wave," which was basically the idea that emotional storms come, but we can ride the waves and eventually the storm will calm. There were a lot of days when I thought that was one of the stupidest things I had ever heard – just complete garbage. But once again, I was wrong. As hard is it can be to believe, the storm does calm. Hope is on that horizon. (Liam)

Holding onto hope

The last element of mindfulness featuring in participants' accounts was the aspect of hope. Here, hope seemed to have helped some participants get through distressing experiences. Sandra discussed that hope represented a vision of the future, namely one devoid of challenges and conflict.

> I am still fighting my small battle and I KNOW for certain there will come a time when I can stand in front of my family and friends and say victoriously "I won!" I am going to be interviewing people around me for a … collage of sorts. Stories of hardship and recovery. It's a start for my healing and their healing and the healing of those with whom we share it. I may not be able to reach my victory day yet, but I can see it in the distance and it gets closer every time I blink. (Sandra)

Overall, self-compassion was expressed by participants who described themselves as being more mindful and accepting of their experience and engagement in NSSI. They saw distress as temporary and themselves as being able to withstand and overcome it. Participants seemed to be able to entertain multiple viewpoints simultaneously and have a sense of hope for a better future.

Discussion

This study explored how individuals expressed and enacted self-compassion in online accounts of NSSI experiences. For many individuals, it seems that components of self-compassion may operate, often in tandem, to encourage acceptance of one's NSSI experiences, ameliorate related distress, and foster NSSI recovery. Specifically, participants discussed being kind toward themselves and seemed aware that they are not alone in their distress; they also discussed that suffering is a common human condition and appeared mindful of present experiences. These findings align with Neff's (2003) work on subcomponents of self-compassion and are discussed below.

Self-kindness

Participants discussed "being understanding and kind toward self" at times of emotional pain and being tolerant of mistakes and shortcomings. They also noticed positive changes with respect to their NSSI experience and seemed to attribute this to their own active efforts, as captured by the subtheme "acknowledging progress and resourcefulness." These represent key aspects of how self-compassionate individuals might view themselves (Neff, 2003) and suggest that these have salience in the context of NSSI and possibly how people work to stop self-injuring.

A practical way to demonstrate self-kindness is to engage in caring actions in relation to the self. This resembles the notion that there may be multiple languages of love or care (Chapman, 1995) and that, for some individuals, "actions speak louder than words." Lastly, being kind toward the self involved developing a different view of self and self-injury, as evident in the participants' efforts to see themselves as more than their "illness." This result is consistent with current conceptualizations of self-kindness as a non-judgmental and accepting perspective on the self (Neff, 2003).

Common humanity

Some participants attributed the development of a more empathic outlook on distress and coping to encounters with empathic and accepting others ("receiving compassion from others" subtheme). They presented vivid memories of encounters with compassionate others characterized by the reciprocal interaction involving coupling of care-seeking and

caregiving. These interactions were described as precursors to compassionate self-to-self relating. This subtheme stresses the pivotal role of social relations and interactions in the development and enactment of self-compassion. It aligns with the attachment perspective that presents self-compassion and self-soothing as rooted in past interactions with caring and non-judgmental others (Bowlby, 1969; Bretherton & Munholland, 1999; Mikulincer & Shaver, 2007).

Gilbert and Irons (2005) argued that self-compassion enhances well-being because it helps people feel a greater sense of connection with others through recognition of suffering and shortcomings as common aspects of the human experience. For some of our participants, such recognition involved "normalizing self-injury" or seeing it as common. The results further reveal that compassion for others may be a byproduct of self-compassion. This result supports the notion of reciprocity of care: receipt of care may lead to enhanced giving of care to self and others. Existing literature supports the subtheme "feeling compassion for others" by noting that enhanced self-compassion strengthens one's ability to extend empathy and compassion to others (e.g. Neff & Beretvas, 2013; Neff & Pommier, 2013).

The subthemes of "resisting internal and external judgment" and "being visible" are consistent with the prior research linking NSSI to experiences of shame and social isolation (Castille et al., 2007). Shame has been explained as an emotional response to both external and internal judgment (Gilbert, 2011; Whelton & Greenberg, 2005). Although shame can be adaptive by protecting the self from social rejection and judgment, it may also be maladaptive and lead to excessive distress and unwarranted withdrawal and avoidance (Greenberg & Iwakabe, 2011). Self-compassion may be a therapeutic alternative to maladaptive shame, self-criticism, and social isolation. Participants in our study seemed to be able to resist external and internal judgment (Shahar et al., 2012). Decreased sensitivity to judgment may be explained as participants being able to be more tolerant and accepting of their distress and shortcomings and more able to take a range of perspectives on their subjectivity.

Mindfulness

This component of self-compassion was expressed and enacted through participants "having a balanced experience and perspective" and tolerating their distress in the moment – not avoiding pain but also not overidentifying with it (Gilbert & Procter, 2006; Neff, 2003). Where balanced experience was attributed to an enhanced ability to self-soothe and be more present experientially (e.g. attentive to one's breathing), balanced perspective was characterized by being able to adopt multiple perspectives on NSSI and emotional distress. For example, participants were able to see their distress as temporary and themselves as capable of tolerating it ("seeing distress as temporary and manageable" subtheme). Relatedly, they were able to "hold onto hope" and envision the future devoid of intense suffering. The importance of hope (i.e. belief that goals can be achieved) as a resilience factor has been highlighted in the literature (e.g. Gillespie, Chaboyer, Wallis, & Grimbeek, 2007). Hope is thought to mitigate the effects of stress on health (Werner, 1993). These various mindfulness subthemes we identified have been supported by the mindfulness, emotion-regulation, and distress tolerance literature that stresses the importance of attention to and acceptance of the present moment and experience (e.g. Kabat-Zinn, 2003; Linehan, 1993).

Limitations

Several study limitations warrant discussion. First, we did not employ a systematic approach to data collection (e.g. focusing on just one type of website, searching within a single website) due to our struggle to locate stories containing references to self-compassion. Based on our initial reading of the content of many sites, the vast majority of postings on NSSI had a critical overtone to them. To address this, we adopted a pragmatic approach and aimed at locating "enough" data to identify thematic patterns across data: once a relevant response was identified, regardless of its source, it was included as a part of the database. Online testimonies were collected and analyzed until saturation had been reached, which is the point at which further analysis does not sufficiently challenge our understanding of the phenomenon (Guest, Bunce, & Johnson, 2006). It is possible that a more systematic approach to the data collection and selection could have helped clarify how self-compassion manifests, potentially differently, across a range of online environments and which sources of information may have greater or lesser therapeutic benefit for viewers of these sites who self-injure. Related to our data collection approach, we did not examine the total proportion of posts from each website that were made reference to self-compassion. Thus, it is unknown how common self-compassion themes are on NSSI websites.

A second limitation is the limited availability of data concerning how many participants were included in the study. The posts from which self-compassion comments were drawn were anonymous in nature. Thus, we could not identify the precise number of individuals whose 170 posts were represented in our data-set. We assume that unique individuals uploaded posts used in the current study as most posts came from different websites and had unique usernames attached to them. However, this cannot be concluded.

In addition to this, we could not obtain NSSI-related data (e.g. frequency, methods, functions) or demographic information (e.g. age, gender) for participants. Nevertheless, we assume that participants were people who had a NSSI history on the basis of their posts (i.e. explicit mention of experiences with NSSI). We further surmise that individuals were chiefly youth and young adults as past research indicates that this is who predominantly engages in online NSSI communication (Lewis & Michal, 2014; Lewis, Heath, Michal, et al., 2012; Lewis, Heath, Sornberger, et al., 2012; Lewis et al., 2011). Indeed, the Internet may appeal to these individuals as a means to anonymously share experiences that may be difficult to discuss offline (Lewis & Baker, 2011; Lewis & Michal, 2014; Lewis, Rosenrot, & Messner, 2012). These assumptions notwithstanding, it cannot be presumed that all individuals who self-injure discuss their NSSI experiences online nor can it be presumed that all individuals who posted messages (which constituted data in this study) were youth or young adults who self-injured. Thus, the extent to which the current results transfer or apply to others who have a NSSI history and who do not engage in online activity is unknown. As such, caution must be taken when extrapolating the current findings.

Given the nature of our study, we could not confirm if the participants were truthful about their experiences. While the anonymous nature of online activity related to NSSI may allow individuals to discuss their experiences in a more unfiltered manner, we cannot assume that subjective experiences were conveyed with accuracy. This, however, is not unique to online data as it applies to any self-report data (e.g. data collected using a

questionnaire). Researchers interested in understanding self-compassion in the context of NSSI may wish to use other approaches to collect data. Interviews in particular may yield detailed and perhaps richer accounts of self-compassion and would permit opportunities to ask follow-up questions to clarify and further understand participants' meanings.

Finally, we had no way to account for participants' familiarity with self-compassion. Arguably, self-compassion material is widely available online and through self-help books directed toward lay audiences; participants in this study may have accessed such resources prior to posting their experiences. Furthermore, participants who have sought psychological treatment may have exposure to self-compassion through these therapeutic experiences. Hence, it is conceivable that participants made references to self-compassion in their online testimony as a result of these types of exposure. It would be interesting to ask participants about their familiarity with self-compassion in future research involving NSSI and self-compassion.

Implications for theory and research

Despite the above limitations, this study contributes to an emerging body of scholarship on NSSI and self-compassion. NSSI has been explained, in part, by an individual's tendency to engage in self-criticism (Glassman et al., 2007; Klonsky et al., 2003). Self-compassion has been described as a potent buffer against vulnerability and distress because it helps people feel cared for, emotionally calm, and connected to others (Gilbert & Irons, 2005; Neff et al., 2007; Terry, Leary, & Mehta, 2012). Indeed, a growing body of research highlights the therapeutic potential of compassion-based interventions in addressing various forms of psychological distress, including NSSI (e.g. Kelly et al., 2009; Linehan et al., 2006; Lutz et al., 2008; Muehlenkamp, 2006). The present study offers preliminary evidence concerning potential relevance of self-compassionate processes for individuals who self-injure. Participants in our study who presented themselves as having recovered or in recovery from NSSI seemed to view themselves as resourceful, open, and hopeful – some concrete examples of positive change among individual who self-injure that can be further conceptualized and examined. Collectively, findings point to the possible usefulness of viewing NSSI from a self-compassion stance, similar to efforts examining the role of self-compassion for other psychological issues (e.g. social anxiety; Werner et al., 2012). Moreover, as many participants in this study seemed to discuss their experiences with an emphasis on recovery, a self-compassion framework may be helpful when understanding how individuals work to stop self-injuring. With a dearth of work focusing on NSSI recovery, this would be a welcome contribution to the field. Given the above, future research ought to examine the role of self-compassion in the initiation, recurrence, and cessation of NSSI to better understand these possibilities.

Analytically, we found it challenging to separate self-compassion into the three components due to some aspects of participants' accounts simultaneously addressing more than one component (e.g. self-kindness and mindfulness). Future research could explore whether and how these components overlap and interrelate and offer a more holistic and dynamic approach to the study of self-compassion, with a range of clinical and research implications (e.g. how therapeutic changes in one component may impact the other components).

Exploring the meaning and expression of self-compassion across various groups of individuals who self-injure may also be important. Some research suggests that there may be subgroups of those who self-injure that vary on the basis of mental health difficulties and aspects of NSSI such as the methods used or its underlying functions (e.g. Klonsky & Olino, 2008; Whitlock, Muehlenkamp, & Eckenrode, 2008). Further, it may be that individuals who self-injure and who communicate their experiences via the Internet may differ from those who self-injure and do not use the Internet as a communication medium. Understanding the role of self-compassion across different subgroups of individuals who self-injure may therefore have merit. This, in turn, may highlight a need for unique assessment and treatment approaches. Consistent with exploring self-compassion amongst those who self-injure, it will be important for researchers to determine what about self-compassion may be specific to populations who self-injure. Exploring self-compassion in the context of different mental health difficulties, including NSSI, may be helpful in this regard.

Implications for counseling practice

Although preliminary, the current findings point to several possible clinical implications. Specifically, there may be utility in understanding people's NSSI experiences through a self-compassionate lens. Indeed, participants seemed to refer to specific manifestations and examples of self-compassion when recounting their NSSI experiences. Consideration of self-compassion in the context of NSSI may therefore allow counselors to pay attention to specific experiential and cognitive components (e.g. recognition of one's competencies and resources) when working with individuals who self-injure. If this is the case, these components could be targeted in an effort to enhance clients' self-compassion and possibly to reduce NSSI. For example, encouraging clients to practice, in and out of sessions, specific dimensions of self-kindness, common humanity, and mindfulness identified in this study may help clients who seek to minimize their engagement in NSSI.

The current analysis revealed that one way for participants to deal with distress was to share it with others in their lives. In light of this finding, and if corroborated through future research, there may be merit in counselors helping clients disclose distressing experiences, such as NSSI, in and outside of therapy. This may have particular relevance for NSSI, which is often difficult to disclose to others (Lewis, Rosenrot, et al., 2012). During clinical sessions, practitioners could facilitate this by demonstrating emotional self-regulation and mindfulness by remaining calm, present, and compassionate in the face of high emotional intensity and self-criticism from clients.

Given the theorized interpersonal etiology of self-compassionate processes (e.g. Mikulincer & Shaver, 2007) and our finding that self-compassion may be fostered through compassionate responses from others, it may be useful for practitioners to adopt a compassionate stance in relation to clients. Doing so might facilitate corrective interpersonal experiences that may, in turn, help clients extend compassion toward themselves. In particular, counselors may offer acceptance and validation to clients (Linehan, 1993; Rogers, 1957) and present clients' experiences and actions as "normal" or common, indirectly challenging clients' current views of such experiences as isolative and pathological.

Conclusion

NSSI is a growing public health concern involving potentially severe consequences (Klonsky et al., 2011). Accordingly, there is merit in investigating experiences of individuals engaging in NSSI and factors that hinder and foster NSSI. With growing research highlighting the role of self-compassion as a means to conceptualize recovery from a variety of mental health issues and self-compassion therapy as a useful way to address these issues (e.g. Kelly et al., 2009; Linehan et al., 2006; Lutz et al., 2008; Muehlenkamp, 2006), the current study examined self-compassion in the context of NSSI. Results, while preliminary, help expand understanding of the nature of self-compassion as experienced by individuals who self-injure. If this is the case and future research supports the present findings, there may be promise in approaches rooted in self-compassion when working with clients who self-injure.

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