

The Self-Compassion Solution (Scientific American Mind)

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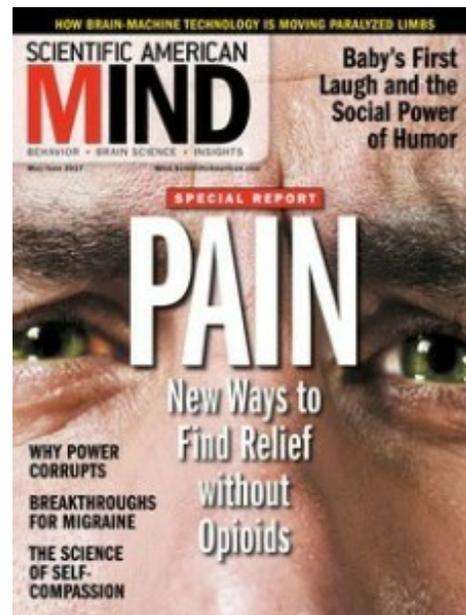
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Two years ago Michelle Rapp, then a 28-year-old Cornell University graduate, experienced a series of unfortunate events. First, she lost her job in a mass layoff at a San Francisco start-up. Then, anxious to get back to work, she took a physically demanding job at a Chinatown tea shop—but weeks later she threw out her hip while carrying boxes up the store's steps.

Unable to walk and go on job interviews and feeling stressed and demoralized, she immersed herself in a cerebral and competitive card game, Magic: The Gathering. Yet even this diversion ended up causing anguish for Rapp. Her whole-hog approach to the game—joining tournaments and founding a local chapter—was only the latest act in a lifelong pattern of setting ambitious goals and then judging herself harshly for failing to meet them.

When she found herself on a losing streak, she could not stop beating herself up. "Looking back, it seems crazy," Rapp says. "Of course, I'm a good player. Yet I couldn't forgive myself for losing."

Rapp believes this self-destructive behavior stems from growing up with intense parental pressure to excel—pressure, she says, that often took the form of emotional and physical abuse. In recent years she has undergone treatment for anxiety and depression—but in her case, it was not therapy that broke her self-defeating pattern. Talking with her husband about her problems reminded Rapp of a book she had read on nonviolent communication that emphasized the importance of speaking with compassion—including compassion for yourself. That recollection was Rapp's aha moment.



Self-compassion, at its most basic level, means treating yourself with the same kindness and understanding that you would a friend. People who struggle with this concept, research shows, do not necessarily lack compassion toward others. Rather they hold themselves to higher standards than they would expect of anyone else. Developing self-compassion allows them to recognize and accept their own feelings rather than constantly challenging themselves to “do better.”

Rapp is one of a growing number of people to discover that practicing self-compassion can be a surprisingly effective alternative to the crippling yet common habit of shame-laden self-criticism. Since the birth of self-compassion as a scientific construct—with the publication of a seminal paper by psychologist Kristin D. Neff of the University of Texas at Austin in 2003—the volume of academic publications investigating self-compassion has snowballed.

In the past few years self-compassion has gone mainstream, as some of its researchers and practitioners— including Neff— have written books and created workshops to popularize the concept. Untold numbers of life coaches, mindfulness teachers and psychotherapists now tout the benefits of self-compassion. Psychotherapists see it as a natural component of well-studied therapies that focus on accepting and gradually changing unhelpful thoughts or behavior patterns, such as cognitive-behavioral therapy and acceptance and commitment therapy.

Yet many people resist self-compassion, fretting that being compassionate toward ourselves will make us egocentric, self-indulgent or weak. If we are easy on ourselves after a setback, we wonder, will we turn soft and complacent? This question is one of many self-compassion research has tried to answer. The conclusion: a resounding “no.” As mounting evidence shows, self-compassion is typically a source of both personal and interpersonal strength, making self-compassionate individuals more emotionally stable, more motivated to improve themselves and generally better to be with.

Buddhist Roots

Neff, the pioneer in the scientific study of self-compassion, became interested in the topic in the 1990s. As a Ph.D. candidate struggling with the breakup of her first marriage, she was full of shame and self-loathing. She began attending meditation classes and exploring Buddhist thought.

Neff knew that compassion entails concern with another’s pain and a desire to alleviate that person’s suffering, but she had never thought about directing that energy toward herself until she read Buddhist teacher Sharon Salzberg’s

book *Lovingkindness*. She felt transformed by its message that showing kindness to oneself is essential for showing genuine love toward others. She soon began to lay the groundwork to study self-compassion scientifically.

Through her reading, Neff discerned three indispensable elements of self-compassion: kindness toward yourself in difficult times, paying attention to your suffering in a mindful, non-obsessive way, and common humanity, or the recognition that your suffering is part of the human experience rather than unique to you. These three components (along with their opposites) became the basis of the questions Neff used to develop a self-compassion scale, an instrument she published in 2003 in the journal *Self and Identity* that is now widely used by other researchers in assessing a person's level of this trait.

Using this scale, Neff has shown that self-compassion correlates with important real-world outcomes. In particular, she found that people who score high in self-compassion are less prone to anxiety and depression.

Psychologist Juliana Breines first encountered Neff's work while she was an undergraduate at the University of Michigan. Breines suspected self-compassion could help people get off the roller coaster of "contingent self-esteem"—that is, the problem of tying your evaluation of yourself to fluctuating factors such as academic achievement and others' approval. Many studies have demonstrated that this kind of thinking is not conducive to mental health or learning. But Breines worried self-compassion might also undermine motivation. As she puts it, "Self-compassion might be comforting, but does it let you off the hook too easily?"

Breines tested this question a few years later, as a graduate student at the University of California, Berkeley. In one of a series of experiments, she and her colleagues had 86 undergraduates take a tough vocabulary quiz. To see the effect of self-compassion on study behavior, they told one group that it was common to find the test difficult and urged subjects not to be too hard on themselves. A second group got a self-esteem message instead: "Try not to feel bad about yourself—you must be intelligent if you got into Berkeley." A third group received no additional statements.

Then the researchers measured how long the undergrads would study for a second, similar test. As they reported in 2012 in *Personality and Social Psychology Bulletin*, the self-compassion group went on to spend 33 percent more time studying for the subsequent quiz than the self-esteem group and 51 percent longer than the neutral control group—a sign that self-compassion bolsters motivation. Being kind to yourself can make it safe to fail, which encourages you to try again.

In a pair of 2012 studies led by social psychologist Ashley Batts Allen, then at Duke University, researchers investigating self-compassion in older adults found both psychological and practical benefits. In the first study, with 132 participants ranging from 67 to 90 years old, they found that people who were strongly self-compassionate reported a greater sense of well-being even when they were in poor health. In the second study, involving 71 seniors, self-compassion predicted how likely they were to be willing to use a walker if necessary. “The self-compassionate people were just less bothered by the fact that they needed help,” explains Allen, now at the University of North Carolina at Pembroke.

Mark Leary, a Duke psychologist who collaborated with Allen, adds that if you are low in self-compassion, “you’re using too much emotional energy thinking about the bad feelings” and not enough addressing the real issues. For example, denying one problem—insisting on not using a walker—can create further difficulties, such as a hip fracture. The mindfulness component of high self-compassion, in contrast, leads people to acknowledge and accept reality, without an emotional judgment. The common-humanity component helps, too, by, for example, allowing one to recognize that everyone has physical limitations with age.

In 2014 Leary and his colleagues studied 187 mainly African-American people living with HIV. Patients who were higher in self-compassion showed healthier reactions to life with the potentially deadly virus: they experienced less stress, felt less shame about their condition, and were more likely to express a willingness to disclose their HIV status and to adhere to medical treatment. And a 2015 meta-analysis of 15 studies with a total of 3,252 participants, published in *Health Psychology*, found links between self-compassion and health-promoting behaviors related to eating, exercise, sleep and stress management.

Bouncing Back to Normal

Research indicates that the self-compassionate are more psychologically resilient and better able to regain emotional well-being after adversity. People who used self-compassionate language after their divorce, for example, recovered more quickly than those who had a more self-critical or self-pitying (“Why me?”) outlook on the relationship’s failure, according to a 2012 study of 109 adults.

Caregivers, too, can benefit. Raising an autistic child, for instance, is more emotionally difficult than other forms of parenting, with levels of stress and hopelessness that tend to correspond to the severity of the child’s symptoms.

Yet a 2015 study of 51 parents of autistic children found that those mothers' and fathers' self-compassion was more important than the severity of the child's symptoms in predicting a caregiver's well-being.

Yet another example comes from 115 combat veterans of the wars in Iraq and Afghanistan. In a 2015 study in the *Journal of Traumatic Stress*, self-compassionate war veterans experienced much less severe post-traumatic stress disorder (PTSD) symptoms than those lower in self-compassion, even after accounting for the level of combat exposure. "It's a powerful testament to the idea that it's not *what* you face in life," Neff says, "it's how you relate to yourself when you face very hard times."

Recent studies of people with other psychiatric disorders, including binge eating and borderline personality disorder, suggest that self-compassion helps recovery. Allison Kelly, a psychologist at the University of Waterloo in Ontario who has studied the effect of a self-compassion intervention on binge-eating disorder, points out that recovery requires not only learning to tolerate urges to binge but also figuring out how to bounce back after giving in to those urges. "If, like a drill-sergeant coach or critical teacher, you're threatening yourself into change and beating yourself up whenever you slip up, it makes it hard to feel calm and confident," she says, "and often takes away the ability to reflect and learn from what you're going through."

Self-compassion might seem to go hand in hand with self-esteem. In fact, self-compassion can coexist with low self-esteem and can buffer against it. In a 2015 longitudinal study led by Sarah Marshall, a psychologist at Australian Catholic University, researchers tracked a group of 2,448 students as they moved from ninth to 10th grade. Marshall found that high self-esteem was a precursor to good mental health, regardless of the students' level of self-compassion. But self-compassionate kids who had low self-esteem *also* showed good mental health.

That news is good because it is usually easier to raise someone's self-compassion than his or her self-esteem, Duke's Leary says. "It's really hard to get someone with low self-esteem to like themselves until they develop more social skills or get a better job or something." By comparison, the bad habits of low self-compassion, such as denying a problem exists or beating yourself up, are easier to break.

Stronger Relationships

Recent research suggests that self-compassion is also good for relationships. Neff led a 2013 study of 104 couples that looked at how self-compassionate people treat their romantic partner—as rated by that partner. In general, men

and women who scored high in self-compassion were seen as more caring and supportive (and less controlling and verbally aggressive) than individuals low in self-compassion.

Yet Neff has also found that most people have an easier time being compassionate to others than to themselves. A striking illustration is another 2013 study in which she measured both self-compassion and self-reported compassion for others among 384 college students. Neff found absolutely no correlation between the two forms of compassion; similar studies of practicing meditators and of ordinary adults showed only weak correlations. She has also noticed that practitioners of Buddhist *metta*, or loving-kindness, meditation—in which you start by wishing yourself well and go on to extend your goodwill toward an increasingly widening circle of empathy—give short shrift to the beginning section. Instead they focus on kindness to others.

But if people find it easier to show compassion to others than to themselves, how can we understand the results from the couples study? Neff believes that being kinder to others than to yourself, though possible, will not carry people through long-term relationships.

“If you give your all to your partner and are hard on yourself, you can’t sustain a healthy relationship,” she says.

This interpretation dovetails with findings, published in 2013 in *Self and Identity*, that revealed how self-compassionate people handle interpersonal conflicts. The study, led by applied statistician Lisa Yarnell, involved 506 undergraduates. Yarnell, now at the American Institutes for Research, found that students high in self-compassion were better at balancing the needs of themselves and of others and felt better about a conflict’s resolution than those low in self-compassion. The self-compassionate individuals reported lower levels of emotional turmoil and greater relational well-being.

These findings have implications for full-time caregivers, who have long been known to be at risk for burnout and “compassion fatigue,” a deadening of compassion through overuse. In fact, a 2016 cross-sectional survey study of 280 registered nurses in Portugal suggested that although nurses with higher levels of empathy were at greater risk of compassion fatigue, empathy was not a risk factor if it was accompanied by self-compassion.

Teaching Self-Compassion

If being self-compassionate has so many positive outcomes, can people learn to treat themselves more kindly?

One promising intervention is mindful self-compassion, or MSC, an eight-week workshop that Neff developed with Christopher Germer, a clinical psychologist who teaches part-time at Harvard Medical School. The MSC program, designed for the general public, explains the research on self-compassion and introduces a variety of exercises, such as savoring pleasant experiences, touching yourself soothingly, using a warm and gentle voice, and writing a letter to yourself from a loving imaginary friend.

In a small study published in 2013, Neff and Germer reported that 25 people (mainly middle-aged women) who completed an MSC workshop reported higher gains in self-compassion and well-being than a similar group randomly assigned to the wait list for the workshop. Furthermore, the workshop participants maintained their gains a year later. Interestingly, people in the control group also showed some gains in self-compassion—the control group's self-compassion scores rose 6.5 percent between the pretest and the post-test phases, whereas the experimental group's self-compassion scores rose 42.6 percent. This result initially puzzled the researchers—until they discovered that the wait-listed group used the time to learn about self-compassion independently through books and Web sites.

It remains unclear how much the MSC participants' success is related to the training itself as opposed to, say, being in a group or having caring teachers, notes Julieta Galante, a research associate in psychiatry at the University of Cambridge. Last year Galante and her colleagues published the results of an online, four-week randomized controlled study of only the loving-kindness meditation—an exercise often used to cultivate compassion for yourself and others but not targeted specifically to relieve suffering. The team found no difference between the meditation group and a control group doing light physical exercise.

Furthermore, many people dropped out of the intervention, some actually describing intense, troubling emotions—crying uncontrollably or realizing they had no uncomplicated relationships in their lives. Germer and Neff brace their workshop participants for this possibility, using the re firefighting metaphor of “back draft” to explain the phenomenon: just as flames rush out of a room as oxygen returns, old pain can surface amid an influx of compassion in people starved of love. It is possible that before taking a course, some individuals may need to ease into self-compassion practice slowly, perhaps with the aid of a therapist.

Paul Gilbert, a professor of clinical psychology at the University of Derby in England, agrees. In his years of treating victims of childhood abuse or neglect, he has observed that kindness can backfire. Anything that stimulates fragile attachment systems can trigger memories of past trauma, particularly in cases of childhood abuse. “There are so many fears and resistances to compassion

that it would just blow fuses” to start with exercises for the general public, Gilbert says.

The compassion-focused therapy (CFT) that he developed for such patients and tested through small-scale studies starts with psycho-education and proceeds gradually. Gilbert explains to patients, for example, that self-criticism is not their fault and shows how it may have developed as a way to protect themselves from threatening parents. Once patients understand that neither their genes nor their early environment are their fault, they can begin to let go of shame—and start taking responsibility for their future.

That is what Michelle Rapp did. Although she came to practice self-compassion independently, earlier therapy likely laid the groundwork for her journey. She eventually came to accept her injury and other setbacks and overcame the shame she had often felt in asking for help. During her recovery, she stopped forcing herself to hobble to a bus stop on crutches and sprung for a cab. She knew she was worth it.

This article written by Marina Krakovsky appeared in the May 2017 issue of Scientific American Mind.