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Why would I want to be more self-compassionate? A qualitative study of the pros and cons to cultivating self-compassion in individuals with anorexia nervosa

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Objective. Although self-compassion facilitates eating disorder symptom remission, individuals with eating disorders are fearful of developing it and higher fears of self-compassion are associated with poorer treatment outcomes. In-depth exploration of individuals' pros and cons of behaviour change is generally helpful at resolving ambivalence; however, no research has examined the pros and cons individuals with eating disorders perceive to be associated with developing self-compassion, limiting our understanding of their personal experiences when confronted with self-compassion. Given the research suggesting higher resistance to self-compassion development in individuals with anorexia nervosa (AN), the present study used qualitative methods to gain a deeper understanding of their perceived pros and cons to self-compassion.

Methods. Thirty-seven women with typical (64%) and atypical (36%) AN signed up for a study on self-help strategies for daily distress. Upon learning that the intervention would entail cultivating self-compassion, they identified their perceived pros and cons of developing self-compassion by typing them out.

Results. Thematic analysis was used to extract themes. Three superordinate cons and four superordinate pros of self-compassion emerged. Perceived cons were as follows: self-compassion leading to personal shortcomings; apprehension and doubt about the efficacy of self-compassion; and emotional challenges associated with developing self-compassion. Perceived pros were as follows: improved health; personal development (e.g., growth, coping); improved outlook; and enhanced social relationships.

Conclusions. These findings reveal the various advantages and disadvantages that women with AN perceive to be associated with developing self-compassion. Results may help clinicians work more sensitively and effectively when trying to cultivate self-compassion in patients who have AN.

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Practitioner points

- This research suggests that patients with anorexia nervosa (AN) perceive various disadvantages to cultivating self-compassion, but also certain advantages.
- By familiarizing themselves with the pros and cons to self-compassion identified by individuals with AN, clinicians may be able to more effectively listen to and communicate with their patients about ambivalence about self-compassion development.
- Clinicians may want to listen for and explore concerns in their AN patients that self-compassion will lead to personal shortcomings, fail to be beneficial, and be emotionally challenging.
- Clinicians may want to listen for and help patients elaborate upon their beliefs about how self-compassion might benefit their outlook, health, personal development, and relationships.

Self-compassion is an adaptive way of relating to oneself in instances of distress and has robust associations with well-being and reduced psychopathology (Macbeth & Gumley, 2012; Zessin, Dickhäuser, & Garbade, 2015). There are two theoretically distinct conceptualizations of self-compassion within the literature, each associated with unique measures and clinical interventions (Gilbert, 2005; Gilbert et al., 2017; Neff, 2003). Neff (2003) proposed that self-compassion entails responding to personal distress with kindness rather than judgement; mindful awareness of, rather than over-identification with, one's thoughts and feelings; and a sense shared humanity rather than isolation. According to Gilbert (2005), compassion is characterized by a sensitivity to and commitment to alleviating and preventing suffering and is a product of the caregiving motivational system, which evolved to promote attention to the distress and needs of others. Gilbert theorized that humans can harness this same motivational system vis-à-vis their own suffering, and in doing so, sensitively engage with, and find ways to mitigate, personal suffering. Just as a warm, nurturing caregiver can create a physiological feeling of safeness in a distressed infant, so too can individuals create this feeling in themselves by directing compassion inwards (Brown & Brown, 2015; Gilbert, 2014).

Unfortunately, self-compassionate ways of responding to personal distress elude many individuals with psychopathology who are often better practised in treating themselves critically (Gilbert & Procter, 2006). Individuals with eating disorders are renowned for relating to themselves in a hostile and judgemental way, making self-compassion a critical treatment target in this population (Goss & Allan, 2010). These individuals often feel disgust towards their bodies and food intake, and as a result engage in compensatory behaviours such as self-induced vomiting, fasting, and/or compulsive exercising (Duarte et al., 2016). Promisingly, studies have found that patients with eating disorders who experience greater increases in self-compassion early on and throughout treatment experience greater decreases in shame, which consequently predicts reductions in eating pathology (Kelly & Tasca, 2016; Kelly, Vimalakanthan, & Carter, 2014). Several studies have additionally found that compassionate-focused therapy (CFT; Gilbert, 2005), which seeks to build self-critical patients' capacity for compassion and self-compassion, attenuates eating pathology in individuals with eating disorders (Gale, Gilbert, Read, & Goss, 2014; Kelly, Wisniewski, Martin-Wagar, & Hoffman, 2017; Mullen, Dowling, Doyle, & O'Reilly, 2018).

Despite the benefits associated with its development, individuals with eating disorders are often fearful of self-compassion (Dias et al. 2018; Kelly, Carter, Zuroff, & Borairi, 2013), and this fear is associated with more severe eating pathology (Kelly, Vimalakanthan, et al., 2014). Fear of self-compassion refers to worries about treating oneself with compassion (Gilbert, McEwan, Matos, & Rivis, 2011) and is typically measured using the 15-item Fears of Compassion for Self Scale (FCSelf; Gilbert et al., 2011), which was originally validated in

a non-clinical sample of undergraduate students and psychotherapists (Gilbert et al., 2011). Geller et al. (2019) recently examined its factor structure in a transdiagnostic sample of individuals with eating disorders, and two factors emerged: (1) Meeting Standards, which includes fears of losing self-criticism, rejection by others, and standards dropping; and (2) Emotional Vulnerability, which includes feeling undeserving of compassion, and self-compassion eliciting sadness and/or emptiness. In other transdiagnostic samples of patients with eating disorders, those with higher FCSelf Global and Emotional Vulnerability scores at the start of treatment presented with more severe eating pathology and had poorer treatment outcomes (Geller, Iyar, Kelly, & Srikameswaran, 2019; Kelly & Carter, 2015; Kelly et al., 2013). Evidently, worries about the development of self-compassion are relevant to the pathology and prognosis of eating disorders; as such, it is imperative to better understand these concerns about self-compassion to explore how they might be overcome.

The transtheoretical model (Prochaska, DiClemente, & Norcross, 1992) highlights the process individuals undergo when considering behavioural change and may therefore be relevant to understanding the development of self-compassion in people with eating disorders (Steindl, Kirby, & Tellegan, 2018). In the early stages of change, individuals are in 'contemplation', in which they weigh the pros and cons of changing versus maintaining their current behaviour (Prochaska & Velicer, 1997). To progress to action-oriented stages of change, individuals must begin to perceive that the pros of change offset the cons (Prochaska, 2008; Prochaska & Velicer, 1997). It is therefore likely that for an individual to commit to practising self-compassion, a similar evaluative process must occur. Evidence suggests that individuals with eating disorders who carefully consider the pros and cons of their own recovery engage with and benefit more from behaviourally oriented treatments (Vitousek et al. 1998; Vitousek & Ewald, 1993). However, no research has investigated the pros individuals with eating disorder associate with developing self-compassion, making it unclear how patients believe they could benefit from self-compassion, if at all. Uncovering these potential pros could allow eating disorder clinicians to more sensitively and effectively help their patients feel more prepared to engage in self-compassion practice.

The present study

The overarching goal of the present study was to qualitatively examine the pros and cons individuals with eating disorders perceive to be associated with the development of self-compassion. The importance of increased self-compassion to eating disorder recovery, and the negative treatment outcomes associated with high fears of self-compassion, suggests that there may be merit in gaining a more nuanced understanding of these pros and cons. To date, all research on the cons to self-compassion in eating disorder samples has been quantitative and reliant on self-report measures. As such, key aspects of participants' experiences and perceptions of self-compassion may have been overlooked (Kidd, 2002). The employment of qualitative methodology (e.g., open-ended questions) would address this lacuna and allow for a rich and detailed account of participants' experiences, beliefs, and perspectives in their own language (Braun & Clark, 2006).

The present study sought to qualitatively examine the perceived pros and cons of self-compassion in individuals with anorexia nervosa (AN), an eating disorder characterized by extreme dietary restriction, clinically significant weight loss, and a pervasive fear of weight gain (American Psychiatric Association, 2013). We focused on one eating disorder subtype given the potential for different experiences with self-compassion across eating disorders. An AN-only sample was selected because in one transdiagnostic sample of

eating disorder patients, those with AN had higher fears of the emotional vulnerability involved in becoming self-compassionate than those with other specified eating disorders (Geller et al., 2019); in another such sample, those with AN were the only eating disorder diagnostic group whose self-compassion levels did not increase significantly over 12 weeks of treatment (Kelly & Carter, 2014). It therefore seemed appropriate to focus our examination on this eating disorder population.

Method

Participants

Participants were 37 individuals recruited through community and campus advertisements for a study examining self-help strategies for daily distress. To be eligible, they had to meet DSM-5 criteria for typical or atypical AN and be female, 17 or older, followed by a family physician, and not currently seeking or receiving eating disorder treatment. Individuals with atypical AN were included due to the similar clinical profiles they exhibit to those with AN (Schorr et al., 2017). The female-only sample was selected as women are typically less self-compassionate than men, and thus, experiences with self-compassion may differ across genders (Yarnell et al., 2015). Diagnostic criteria were assessed via a semi-structured phone screen conducted by a trained member of the research team (see Supporting Information). The final sample consisted of 37 participants (36% atypical AN). The mean age was 21.6 (*SD* = 2.62), mean body mass index (BMI; kg/m^2) was 17.8 (*SD* = 1.10), and ethnic composition was: 40% White, 29% Chinese, 8% South Asian, 2% Black, 6% Southeast Asian, 6% Arabian, and 9% Korean.

Procedure

All procedures took place in the laboratory on a private computer. Participants listened to an audio guide with accompanying text that introduced them to the concept of cultivating self-compassion through letter-writing, which they were told would be the focus of their two-week self-help intervention (Kelly & Waring, 2018).

As is typically done at the outset of psychological interventions, the preamble aimed to provide participants with a general understanding of the intervention's focus, including some of the benefits and challenges they may experience. First, the audio guide presented a lay-person, simplified explanation of self-compassion which integrated both Gilbert's (2005) and Neff's (2003) definition: that self-compassion entails responding to oneself in the same caring way one might respond to a friend in distress, or 'in the way a compassionate person might [respond to you] if they knew you were upset'. Second, the guide shared that '. . .people who are more self-compassionate are happier, experience fewer negative emotions, and have less distress related to their body image' and that '. . .simple tasks designed to build self-compassion. . . can help people feel less ashamed, depressed, and anxious'. Finally, the guide stated that it is common to feel resistant to developing self-compassion, highlighting that: 'self-compassion can feel foreign', '[it] is not always an easy process' and 'people [can sometimes] feel that they are undeserving of self-compassion'. Participants were then asked to consider and type out their own personal pros and cons associated with becoming more self-compassionate.

Data analysis

The systematic principles of a thematic analysis examined participants' pros and cons to developing self-compassion (Braun & Clarke, 2006). Thematic analysis was adopted as it is

a flexible process which provides a rich examination of individuals' subjective experiences and perceptions, making it well-suited for the present study. A semantic approach to thematic analysis was used to identify patterns in the data based on content (i.e., 'surface meanings') and relevant extant literature (Braun & Clarke, 2006). The thematic analysis occurred in four broad stages.

Stage 1. Two researchers independently: (1) familiarized themselves with the data by reading participants statements several times; (2) generated initial codes based on the frequency or salience of the statement (e.g., if a participant used language to convey strong emotions); and (3) searched for broader themes by grouping and naming themes in relevant ways.

Stage 2. The two researchers met and discussed the discrepancies between their theme groupings and then met with the principal author to discuss proposed changes. Next, they created an integrated list of themes and independently categorized five random participants' statements. This process was repeated and a revised list was created.

Stage 3. A new team of three research assistants was trained and asked to code participants' statements into the revised list of thematic categories to generate clear definitions and sample quotes for each subordinate theme.

Stage 4. All authors independently reviewed themes for similarities that would warrant their combination into superordinate themes. The first author synthesized the other authors' ideas to highlight points of agreement and divergence. Lastly, authors had a discussion in which they reached consensus about the final list of superordinate themes, and their underlying subordinate themes.

Results

Cons to cultivating self-compassion

As presented in Table 1, three superordinate themes related to the cons to cultivating self-compassion were identified.

Self-compassion leading to personal shortcomings

Participants described worries that self-compassion would lead to personal shortcomings. Subordinate themes are described below.

Loss of standards

More than half of the participants expressed fears that developing self-compassion may result in a drop in their personal standards or ideals. Participant 27 said, 'I worry most about losing the high standards I have because I [would] no longer [be] tough on myself'. Participant 12 said, 'Compassion to self can force myself to drop standards that are otherwise considered mandatory to maintain'.

Development of undesirable traits

Several participants expressed concerns that cultivating self-compassion may contribute to the development of undesirable personality traits. Participant 26 stated, '[I'm] worried that I'll change as a person: becoming weaker, less stable, etc'. Similarly, Participant 38 expressed, '[I] may become a bad person/inconsiderate of others'.

Table 1. Con themes related to becoming more self-compassionate

Superordinate theme	Subordinate theme
Self-compassion leading to personal shortcomings	Loss of standards
	Development of undesirable traits
	Experiencing a lack of motivation
	Loss of self-criticism
	Causes failure
Apprehension and doubt about self-compassion	Self-compassion being insincere
	Self-compassion not working
	Self-compassion being unfamiliar
Emotional challenges associated with developing self-compassion	Being undeserving of self-compassion
	Acknowledging suffering

Experiencing a lack of motivation

Many participants expressed the belief that cultivating self-compassion would promote laziness or complacency. Participant 29 reflected that self-compassion may undermine their motivation to grow as a person (i.e., 'I won't have as much motivation to become a better person if I let myself be too happy with the way I am now'). Participant 5 reflected that 'The cons of cultivating self-compassion will not make myself improve academically... I will lose motivation'. Other participants expressed concerns that cultivating self-compassion would result in a general lack of motivation without referencing any specific domain.

Loss of self-criticism

Some participants reported that developing self-compassion would result in a loss of self-criticism which may impede self-improvement. Participant 4 stated, 'You will be too kind on yourself and won't be doing anything productive towards changing your condition because you are too lenient on yourself'. This concern was also exemplified by Participant 3 who noted, '[I would be] unable to learn from failures. If I am constantly forgiving myself how will I identify my failures in order to improve?' Interestingly, two participants reported that a loss of self-criticism would be particularly problematic if others in their life are not overtly critical towards them. For instance, Participant 8 expressed, '...If other people show me [compassion], who would be left to criticize my work and my behaviours? Of course I have to be critical on myself because no one will criticize my work; they often don't want to hurt my feelings or are too nice to say anything'.

Causes failure

Participants reported that developing self-compassion could result in failure in different domains: academics (e.g., Participant 24: 'getting worse marks'); career (e.g., Participant 20: 'self-employment comes to a halt'); weight control (e.g., Participant 7: 'gaining weight'); or goal achievement (e.g., Participant 20: 'achieving dreams may not happen'). For some, worries pertaining to failure included concerns about others' perceptions; for instance, Participant 24 reported: '[I would] start to not care about my body image anymore [and] having others see me as a failure'.

Apprehension and doubt about self-compassion

A second theme that evolved from the data reflected participant reservations about the feasibility of cultivating self-compassion and the efficacy of self-compassion in alleviating distress.

Self-compassion being insincere

Several participants feared that self-compassion would not feel genuine or credible. Participant 33 reported, 'I feel like I'm making things up just to make myself feel better'. Participant 9 stated, '. . .it may not feel genuine'. A handful of participants also made explicit reference to self-compassion feeling 'fake' (e.g., Participant 11: 'Have to fake it if you don't actually have any self-compassion').

Self-compassion not working

Participants expressed doubts regarding the efficacy of self-compassion in reducing personal distress and enhancing well-being. Participant 25 stated, 'Compassion might not be enough to get through/power through difficult situations/tasks'. Apprehension existed despite participants learning about research findings demonstrating the benefits of self-compassion. For example, Participant 17 stated, 'Being self-compassionate might not encourage me as much as research shows'. Interestingly, Participant 17 also expressed concerns regarding the efficacy of self-compassion when compared to self-criticism, '. . .it's not as effective as just being critical with oneself'.

Self-compassion being unfamiliar

Participants reflected that self-compassion is a novel or unfamiliar concept. As a result of this unfamiliarity, some participants reported feeling resistant or reluctant to cultivating self-compassion. For instance, Participant 36 reported, 'I'm not used to being compassionate towards myself so it might take a long time for me to be familiar with the concept'. Similarly, Participant 1 reported, 'It's foreign to me so I don't know where to start'.

Emotional challenges associated with developing self-compassion

The final con theme pertained to the emotion difficulties associated with cultivating self-compassion.

Being undeserving of self-compassion

Some participants described feeling unworthy of cultivating compassion towards themselves. For instance, Participant 18 reported, 'You're not deserving of this idea of 'self-compassion'. What have you done to deserve praise/commendation? What have you accomplished to merit 'treating yourself?' Similarly, Participant 33 said, 'I feel weak and underserving [of] receiving compassion, especially from myself'.

Acknowledging suffering

Several participants reflected that developing self-compassion would be a difficult task as it requires individuals to acknowledge and engage with their personal suffering which can

engender or exacerbate negative emotions. For example, Participant 17 noted that one of the cons to cultivating self-compassion is that it requires her to begin 'thinking about what [she is] self-conscious about and acknowledging it', and Participant 2 said, 'People are usually reluctant to admit that they are suffering'. Some individuals also reflected that acknowledging their suffering would result in rumination and greater contact with negative emotions. For example, Participant 13 reported that practicing self-compassion is a 'constant reminder that you are suffering'. Participant 27 shared, 'Self compassion for me sometimes brings up feelings of emptiness and makes me feel sad' and Participant 26 similarly said, '[I] have to bring up thoughts/emotions that I don't really want to bring up'.

Pros to cultivating self-compassion

As seen in Table 2, four superordinate themes related to the pros to cultivating self-compassion were identified, three of which contained various subordinate themes.

Improved health

Many participants expressed that cultivating self-compassion would yield auspicious health outcomes; this included improved physical health, mental health, or both. Others simply acknowledged that their health would improve more broadly (e.g., Participant 7 '[I will] become healthy').

Improved physical health

Participants reflected that developing self-compassion would result in improvements in their physical health and well-being. For example, Participant 21 noted that cultivating self-compassion would lead her to develop 'a healthier lifestyle'. Others were able to identify specific indices of physical health that they believed would improve as a result of becoming self-compassionate. For instance, Participant 20 reported that developing self-compassion would allow her to 'sleep better', 'eat better', 'feel stronger', and become 'more alert'.

Improved mental health

Participants expressed that developing self-compassion would have benefits for mental health. For example, Participant 11 reported, 'It is mentally healthier to use self-

Table 2. Pro themes related to becoming more self-compassionate

Superordinate Theme	Subordinate theme
Improved health	Improved physical health
	Improved mental health
Personal development	Self-growth
	Improved ability to cope
Improved outlook	Positive perspective
	Increased self-confidence
Enhanced social relationships	

compassion'. Participant 5 acknowledged that self-compassion may help to mitigate her mental health difficulties, 'I will feel less depression and anxiety'. Similarly, Participant 3 reported that she is 'Less likely to harm or injure [herself]'.

Personal development

The second theme reflected participants' belief that cultivating self-compassion would facilitate a process of personal development or self-improvement.

Self-growth

Nearly half of the participants reported that a pro to cultivating self-compassion is that it would facilitate a process of self-growth and self-discovery. For instance, Participant 16 stated, 'I might discover the actual reasons behind my flaws and failures other than blaming it on my laziness'. Some individuals reflected that this process of self-discovery would enable them to better understand themselves and their suffering. For example, Participant 25 stated, 'I might have a better understanding of what I'm going through'. Others noted that this process of self-growth would facilitate goal attainment. For example, Participant 27 noted, 'I think self-compassion would be one of the most important traits I could have. I think if I could work with myself instead of against I would be able to achieve all the goals I have set out'.

Improved ability to cope

Approximately one-third of participant statements conveyed the belief that self-compassion could enhance their ability to adaptively cope with instances of hardship and adversity. Participant 14 illustrated the essence of this subtheme when she stated, 'Self-compassion will increase people's endurance to pain and suffering. It will let them acknowledge the problem and then seek [a] solution'. Interestingly, many participants listed ways in which they believed self-compassion would improve coping; some of these responses were as follows:

> Participant 4: 'Might help you feel like you have another friend working together with you in your struggle. Might make you actually stop and think about your condition in a better perspective'.
>
> Participant 30: 'Being able to cope in situations without being dependent on others'.
>
> Participant 27: 'I also won't be as quick to turn to self-destructive behaviours when stressed'.
>
> Some participants also expressed the belief that their improved ability to cope would enhance their resiliency when faced with challenging experiences. For instance, Participant 25 stated, 'I might be able to get through tough situations more easily' and Participant 3 reported, 'Ability to move on from failures'.

Improved outlook

The third theme reflected participants' beliefs that cultivating self-compassion would improve their perspective of themselves and the world around them.

Positive perspective

Several participants endorsed the belief that self-compassion could facilitate improvements in their *general* outlook and mood. Many participants explicitly reported that self-compassion would be associated with increased positive thinking and positive mood. For instance, Participant 2 stated, 'when you are nicer to yourself, you tend to think more positively about life'. Other participants identified specific positive feelings that they believed would improve by cultivating self-compassion. For example, participants believed that self-compassion would increase general happiness (e.g., Participant 29: 'Accepting my flaws will make me a happier person') and calmness (e.g., Participant 17: 'be soothed, calmed, or less stressed out'). More general statements reflected the belief that developing self-compassion would improve one's future in a positive way; for example, Participant 20 reported, 'the world is brighter, nicer, easier'.

Increased self-confidence

Participants stated that cultivating self-compassion would help to improve their confidence, both in themselves and in their abilities. Participant 11 wrote, '[Self-compassion] can allow you to try new things as you become more confident in yourself'. Participants also expressed that, by developing compassion for themselves, their concerns about how others perceive them would be attenuated. For instance, Participant 37 noted, 'hopefully [I will] stop fearing how others will perceive me if I can accept myself more'.

Enhanced relationships with others

Finally, participants reported that cultivating self-compassion could directly or indirectly enhance interpersonal functioning and relationships. Many participants reflected that developing compassion for themselves may enable them to be more compassionate towards others and thus improve their interpersonal relationships. For example, Participant 2 noted, '[You] will be compassionate to others if you are compassionate to yourself to start with, thus gaining social acceptance'. Additionally, interpersonal relationships were expected to improve through cultivating self-compassion by allowing the individual to spend more time on their relationships (e.g., Participant 20: '[I would] make time for relationships') and positively influence those around them (e.g., Participant 6: '[I would] be able to influence people around you positively').

Discussion

The present study was the first to explore the pros and cons that individuals with AN perceive to be associated with developing self-compassion. Participants' primary concerns about developing self-compassion centred around fears of possible personal shortcomings that might ensue from treating themselves more compassionately, general doubt and apprehension about self-compassion being something they would be able to practise and benefit from, and resistance to the deeper emotional work they would have to undertake to feel more compassion for themselves. Regarding pros, participants believed that self-compassion would improve their physical and mental health, provide them with a more positive outlook and sense of self, enable them to better develop, learn, and grow as a person, and enhance their relationships with others. These findings are the first to

highlight the personal reactions individuals with eating disorders may experience when faced with the possibility of cultivating self-compassion and to provide examples of the language they use when reflecting on the pros and cons of self-compassion. Results are also the first to reveal that although individuals with AN perceive numerous drawbacks to developing self-compassion, they also believe they would benefit from its development in various ways.

A commonly cited con to developing self-compassion centred around the theme of increased personal shortcomings. Participants expressed worries that treating themselves more compassionately would lead to undesirable changes, compromise their ability to meet important standards, thwart motivation to self-improve, and result in personal failure. This theme bears resemblance to FCSelf items (Gilbert et al., 2011), particularly those loading onto the Meeting Standards factor, which captures concerns about losing self-criticism, revealing flaws, and bad things happening (Geller et al., 2019). However, some concerns expressed within this theme were tied specifically to body image and weight control, which are not assessed in the FCSelf and could be helpful for clinicians to anticipate. It is interesting to note that in spite of participants' concerns about self-compassion leading to personal shortcomings, the empirical research shows that self-compassion promotes a greater motivation to learn from mistakes, as well as a great ability to improve following personal setbacks (Breines & Chen, 2012; Leary, Tate, Adams, Batts Allen, & Hancock, 2007). Clinicians can educate patients about this empirical research and encourage patients to experiment with self-compassion so they can learn from personal experience that self-compassion may not actually lead to the negative outcomes they fear. However, given that full recovery from AN requires individuals to willingly relinquish their efforts to conform to society's 'thin ideal' beauty standard, clinicians will need to be careful with how they address patients' concerns that self-compassion may result in a drop in standards. That is, rather than suggesting that self-compassion may help patients achieve greater weight control, clinicians may want to explore, with patients, self-compassion's potential to offer patients greater freedom and self-acceptance.

Another prominent con theme pertained to the emotional challenges associated with cultivating self-compassion. Within this theme, participants expressed concerns of being unworthy or undeserving of treating themselves with compassion and that cultivating self-compassion would elicit difficult feelings because the practice involves acknowledging and engaging with suffering. Interestingly, the beliefs captured by this theme are similar to the Emotional Vulnerability factor of the FCSelf scale (Geller et al., 2019), which includes worries about being undeserving of compassion and self-compassion leading to sadness and grief. Nevertheless, the subtheme of 'acknowledging suffering' in our data is not explicitly captured by the FCSelf and may be pointing to a unique concern that individuals with AN experience. Indeed, people with AN are known to have low emotional awareness (Racine & Wildes, 2013), and perceive benefits to using symptoms to avoid negative feelings (Cockell, Geller, & Linden, 2003); therefore, the idea of acknowledging suffering might be especially frightening for this population. Collectively, these findings are an important reminder to clinicians that although self-compassion can sometimes be equated to simply being kind to oneself, a central component of self-compassion is engaging with one's suffering which is likely to be met with difficulty among individuals with AN. Given that fostering emotional awareness of distress is central to eating disorder recovery (Federici & Kaplan, 2008), the present findings suggest clinicians will need to be sensitive to AN patients' misgivings about doing so.

Participant-generated pro themes broadly reflected perceived personal and interpersonal benefits to cultivating self-compassion. Interestingly, many participants reported

that cultivating self-compassion would mitigate some of the cons of AN commonly cited in the literature such as health problems, mental health concerns, interpersonal difficulties, and negative feelings (e.g., Cockell, Geller, & Linden, 2002; Serpell et al., 1999). The three overarching themes tied to personal benefits captured beliefs that developing self-compassion would yield auspicious health outcomes, facilitate personal development, and improve outlook on oneself and one's future. Enhanced personal development was the most commonly cited pro theme. Participants expressed that, by being self-compassionate, they would develop a better understanding of themselves. Facilitating a process of self-discovery in individuals with AN, for whom one's sense of self is often intertwined with one's eating disorder (Tierney & Fox, 2009), is critical for recovery (Granek, 2007). As such, it is possible that CFT, which helps individuals develop a new identity around being compassionate (Gilbert, 2014; Heriot-Maitland et al., 2014), may engender positive recovery outcomes. Participant statements also shared the belief that developing self-compassion would enhance resiliency by improving their ability to cope with adversity. This belief is supported by the literature which suggests that self-compassion is associated with adaptive forms of coping (Leary et al., 2007) and promotes resiliency and adaptive psychological functioning (Neff, Kirkpatrick & Rude, 2007).

In addition to the perceived intraindividual benefits, participants expressed the desire to become self-compassionate for the benefits it may have within their interpersonal relationships. Individuals with AN frequently report concerns and difficulties in their social interactions (Arcelus, 2013; Godart et al., 2004; Westwood et al., 2016) and these difficulties may perpetuate and maintain AN symptoms (Treasure & Schmidt, 2013). As such, clinicians could leverage patients' desire to improve interpersonal functioning as a way to enhance motivation for compassion-focused interventions. Indeed, research has found that fostering self-compassion can encourage healthy interpersonal functioning by promoting adaptive interpersonal problem solving and conflict resolution (Arslan, 2016; Yarnell & Neff, 2013), as well as increasing empathetic concern for others, perspective taking, and altruistic behaviour (Neff & Pommier, 2013). Furthermore, in studies highlighting the benefits individuals with AN perceive to be associated with avoiding negative feelings via symptoms, individuals also identify a parallel disadvantage in that the avoidance of feelings jeopardizes their ability to form desired meaningful relationships (Cockell et al., 2003). By encouraging patients to experiment with self-compassion, patients may be better equipped to engage with their negative emotions in constructive ways and as such, experience these interpersonal benefits for themselves. This personal experience may consequently help to them overcome their fears of self-compassion and reinforce further self-compassion practice.

Clinical implications

The fact that participants identified numerous pros and cons to developing self-compassion reveals that clinicians should expect their patients with AN to feel conflicted about cultivating self-compassion. This knowledge may allow therapists to approach the topic more sensitively, with an understanding that their patient may feel reluctant to commit to practices aimed at increasing their self-compassion levels at the outset. Interpersonal styles and interventions recommended in motivational interviewing may be especially helpful; for example, practicing a curious, non-directive stance, normalizing and validating the patient's concerns, collaboratively investigating whether *not* practicing self-compassion is working, and highlighting the patient's perceived benefits to self-compassion (Miller & Rollnick, 2002; Steindl et al., 2018). Similarly, CFT recommends that

patients respond compassionately to the part of self that is resistant to change, examining the functions it serves (e.g., trying to protect the patient) and communicating understanding for the fears it has (Gilbert, 2014). Expressing compassion for the part of self that fears compassion can help patients feel less fragmented and see that even this resistant part of themselves may actually want what is best for them (Bell, Montague, Elander, & Gilbert, 2019).

Although it is likely to be most clinically useful for a therapist to explore the idiosyncratic pros and cons to developing self-compassion that a given patient identifies, the pros and cons that emerged in the present study may help clinicians anticipate what advantages and disadvantages their patients are likely to perceive to be associated with self-compassion. The cons, while in many cases are similar to the FCSelf items, might give eating disorder clinicians a more fine-grained appreciation of the potential barriers to expect in their patients and a shared language with which to discuss them. The participant quotes highlight the words and expressions women with AN may connect with when discussing their resistance to self-compassion and might give clinicians ideas for how to discuss the cons of self-compassion with their patients in a way that may better resonate them. Using this language may also help to facilitate a patient's own self-reflection which could be valuable given the difficulties with emotional awareness and expression individuals with AN experience (Oldershaw, Lavender, Sallis, Stahl, & Schmidt, 2015).

The pro themes participants described are also of potential clinical utility and suggest that most individuals with AN will view personal development as a reason for cultivating self-compassion. This finding, in conjunction with the other pro themes, might improve clinicians' ability to listen for, reflect back, and encourage patients' elaboration upon their perceived advantages to self-compassion, as motivational approaches recommend (Steindl et al., 2018). Future research should investigate whether this approach leads patients' pros of self-compassion to beginning to outweigh their cons, thereby increasing motivation to engage in compassion-focused practices.

Limitations and Conclusions

The present study has various limitations. First, the sample consisted of women with AN and atypical AN who were not seeking or attending treatment. Future work should explore the pros and cons to developing self-compassion in different contexts (e.g., in individuals seeking or attending treatment), and in other eating disorder populations. The present results may not be representative of a typical AN-only population or of men with AN. Second, a semi-structured phone interview assessed participant eligibility. Future work should implement a more comprehensive assessment tool to verify diagnostic criteria and assess potential comorbidities. Third, we relied on participants' written comments to derive the theme categories, which may not provide as comprehensive information as what could be obtained via an interview. Fourth, because participants explored pros and cons to self-compassion in the context of preparing for a self-compassion intervention, they received some rudimentary background information about potential benefits and challenges to self-compassion before generating their own pros and cons list. Although this information could have shaped their responses, participants shared many pros and cons that did not overlap with the few examples given suggesting they were indeed generating their own reflections on personally cultivating self-compassion. Finally, CFT focuses on helping patients cultivate a more general compassionate orientation that can flow towards various targets, including the self and others (Gilbert, 2017). Hence, future research should examine the pros and cons to

receiving compassion from, and offering compassion to, others in people with AN, as different themes might emerge that could be relevant to their willingness to engage with CFT.

In spite of these limitations, the present findings suggest that individuals with AN endorse various pros and cons to developing self-compassion. Future research should examine how clinicians can use their understanding of these pros and cons to explore and facilitate the development of self-compassion in their patients.

Conflicts of interest

All authors declare no conflict of interest.

Author contributions

Allison Kelly (Conceptualization; Funding acquisition; Methodology; Supervision; Writing – original draft; Writing – review & editing) Aleece Katan (Conceptualization; Formal analysis; Writing – original draft; Writing – review & editing) Linda Sosa Hernandez (Conceptualization; Formal analysis; Writing – original draft; Writing – review & editing) Bethany Nightingale (Data curation; Formal analysis; Project administration; Writing – review & editing) Josie Geller (Conceptualization; Writing – review & editing).

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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