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Using Self-Compassion to Influence Romantic Relationship Satisfaction: A Case Study of Women

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ABSTRACT

Research on self-compassion has focused on implementing psychoeducation and experiential exercises to groups with the goal of increasing individuals' self-kindness, mindfulness, and sense of shared humanity. This study addressed how implementing a self-compassionate intervention in individual psychotherapy influences a woman's self-compassion and romantic relationship satisfaction. The researcher used case study notes and assessments with four females who received a self-compassionate intervention over five 45-min sessions. All participants reported an increase in self-compassion during the intervention. Participants also verbalized improvement to their romantic relationship satisfaction, confirmed in 75% of the participants' assessments. The women predominantly cited experiencing change in their evaluated perception of their relationship during and after the intervention, despite a lack of change in their partner.

KEYWORDS

Self-compassion; romantic relationships; women's issues; short-term psychotherapeutic intervention

Self-compassion developed as a therapeutic concept over the past 17 years (Neff, 2003b). Self-compassion involves three components: self-kindness, common humanity, and mindfulness, juxtaposed by self-judgment, personal isolation, and over-identification (Neff, 2003a). Therapists incorporated it into the field of counseling as an alternative to self-esteem; literature has consistently demonstrated a negative correlation between self-compassion and psychopathology, specifically depression, anxiety, and stress (Germer & Neff, 2013). In relationships, research indicated those with higher self-compassion are more emotionally attuned, empathetic and accepting, and support self-sufficiency (Germer & Neff, 2013). However, a review of multiple online databases and texts revealed a lack of literature exploring the influence of a self-compassionate psychotherapeutic intervention on a woman's romantic relationship satisfaction.

The researcher explored how intentionally addressing self-compassion in psychotherapy influences a woman's perception of satisfaction in her romantic relationship. The research question for this study was, "How does receiving a self-compassion-focused psychotherapeutic intervention influence a woman's self-compassion and romantic relationship satisfaction?"

Literature review

Self-compassion is the choice to accept oneself as inevitably imperfect. Despite common misperception, self-compassion does not indicate self-pity or passivity toward change; rather, it steers clear of self-condemnation to create a space for safe change (Germer & Neff, 2013). It is self-awareness and unconditional positive regard, which acknowledges one's limitations without self-judgment or rejection of negative emotions (Rogers, 1961). Self-kindness, mindfulness, and sense of shared humanity – the qualities of self-compassion – are an interactive flow between people: self-to-self, self-to-other, other-to-self (Neff, 2011). Self-kindness, mindfulness, and sense of shared humanity are self-compassion's means to potentially influence relationships, including in a romantic dynamic, regardless of one's sex.

Overall, studies indicated men are more naturally self-compassionate than women (Reilly et al., 2014). According to Baker and McNulty (2010), men are generally more accommodating and motivated to correct interpersonal mistakes through desire to do what is right, while women demonstrate these qualities regardless of conscientiousness. Neff (2003b) reported women are not necessarily less self-compassionate, but they demonstrate more self-criticism. This self-criticism may result in women being more selfless when working to repair a relationship, even to their personal detriment (Batts Allen et al., 2015). Baker and McNulty (2010) also reiterated that women tend to be more motivated to pursue interpersonal correction for the sake of a relationship's wellbeing.

Self-compassion has repeatedly demonstrated higher effectivity treating anxiety and its symptoms compared to self-esteem (Blackie & Kocovski, 2018; Potter et al., 2014). Self-compassion is negatively correlated with depression, particularly the symptom of loneliness (Akin, 2010b; Feldman & Kuyken, 2011). It can decrease the presence of negative automatic thoughts, rumination, and invalidation or rejection of one's own thoughts (Akin, 2010a, 2012). Addressing self-compassion in psychotherapy positively correlated with emotional regulation more so than therapeutically treating threatening risk factors such as presence or severity of childhood trauma, maltreatment or addiction history, and current psychological distress (Vettese et al., 2011).

Greater self-compassion positively correlated with persistence in tasks, willingness to seek help, enjoyment, self-control, stress management, and setting attainable goals (Horan & Taylor, 2018; Sirois et al., 2015; Williams et al., 2008). Higher self-compassion is associated with higher emotional regulation, decreased reactivity, positive affect, overall wellbeing, and improvement in adaptive psychological functioning (Leary et al., 2007; Neff, 2003b; Trompeter et al., 2017; Young et al., 2014). Higher psychological functioning includes "effective coping style, greater optimism and hardiness, and less ineffectiveness and interpersonal distrust" (Dolbier et al., 2001, p. 469). Any of these would be practical, helpful skills in a romantic relationship.

Even when not identified by name, healthy relationships frequently include qualities of self-compassion, particularly mindfulness. Mindfulness is both the process and outcome of attentive awareness and consideration of oneself and one's context (Crowder, 2016). Mindfulness demonstrates positive correlation with empathic concern, marital satisfaction, and perspective-taking (Wachs & Cordova, 2007). Similarly, people in more satisfying relationships tend to have more constructive conflict, using a tone of gentle curiosity and compassionate acceptance (Atkinson, 2013). Janjani et al. (2017) suggested self-compassion also aids the meeting of individual needs for autonomy, competence, and communication that are essential to relationship well-being. Lastly, self-compassion promotes self-efficacy, which is negatively associated with changes in problem severity and positively associated with changes in relationship satisfaction (Baker & McNulty, 2010). Therefore, self-compassion may help shift the perspective of suffering, even when the problem does not change or resolve.

Per Neff and Beretvas (2013), self-compassion is associated with “greater relational well-being in terms of feeling worthy, being happy, feeling authentic, and being able to express opinion in one's romantic relationship” (p. 90). The authors further found how kind people are to themselves has positive linearity to kindness toward a partner, because they are more accepting of one another as imperfect and naturally limited as a human. This also increased willingness to compromise in relationships. On the other hand, low levels of self-compassion correlated with a person being more detached and controlling in their romantic relationship and self-critical to the point of blocking intimacy (Neff & Beretvas, 2013). These studies suggest greater self-compassion relates to higher romantic relationship satisfaction, but the actual impact of improving self-compassion to the relationship remains unknown. Despite extensive exploration, the researcher did not find additional articles that connect self-compassion directly to romantic relationship experiences.

Materials and methods

The researcher elected to use a collective case study methodology to learn more details about the intervention experience of the participants' rather than quantitative numeric data or surface-level survey data. A collective case study includes more than one case sample, allowing for comparison between each woman's experience independently, without overlapping their experience of the intervention (Glesne, 2016). As typical of qualitative research, the collected data represents only the participants; it is not necessarily reflective of a broader truth or specific reality (Creswell, 2014). The researcher acquired IRB approval from Texas Wesleyan University, the academic site of the researcher, prior to gathering participants or completing the intervention.

Participants

Via voluntary convenience sample of non-probability, the researcher collected four female participants taken from a population of people who were already presenting for outpatient psychotherapy for problems including anxiety, depression, and emotional regulation. While not necessarily presenting specifically to work on self-compassion or relationship satisfaction, they were agreeable to the concept and aware of their right to discontinue the study and receive treatment from a different therapeutic modality if it did not feel beneficial.

The study was open to adults only due to the needed mental maturity and decreased social identity development pressure associated with adolescence (Bluth & Eisen-Moul, 2017). The study looks at the romantic relationship satisfaction of the participant; therefore, it was also necessary that the individual be in a relationship during the data collection process. Committed relationships assume the romantic unit has jointly selected to remain in the chosen dynamic for a prolonged period of time. The study used three categories for the length of time the relationship has been together. The first grouping was less than two years together, since this is when the initial spike of happiness of a new relationship typically transitions back to a baseline level of happiness (Lucas et al., 2003). The second group had been together between two and ten years; the third category had been together longer than ten years. Divorce rates tend to be at their statistical lowest around year ten of a marriage, indicating it to be a make-or-break point in the relationship (Doughty, 2016). This is also just above the United States national average of divorcing after eight years for the first marriage (Kreider & Ellis, 2011). In order to participate, it was not necessary to be legally married.

Intervention overview

Intervention procedure

Participants took part in a five-session psychotherapeutic intervention designed by the researcher that addressed self-compassion and the participants' romantic relationships. Each session included psychoeducation, solution-oriented questions, and experiential exercises along with between-session homework that focused on participant development of self-compassion outside therapy. The first session introduced self-compassion, including identifying the three subsections and the role of emotions in it and differentiating it from self-esteem. The second session focused on self-kindness, particularly as related to automatic thoughts, self-shame, and the role of one's personal history in its initial presence or absence. A sense of shared humanity focus came in the third session, including providing a definition, examples, and normalizing failure and pain as a part of the human experience. The fourth

session's focus on mindfulness included emphasis on experiential exercises such as the body-scan meditation and development of a personal mantra. The final session focused on future application of these concepts after the intervention was complete.

Intervention design

The intervention took into consideration several psychotherapeutic models that already address compassion. The researcher used specific intervention tactics and in-session activities from compassion-focused therapy (CFT) and compassionate mindfulness training (CMT). This included psychoeducation differentiating competitive self-esteem from empathetic self-compassion, separating the inner self from the inner critic to find one's compassionate voice, managing difficult emotions through the soften-allow-soothe mindful exercise, increasing self-appreciation and gratitude, and guided meditations (Bluth & Eisen-Moul, 2017). It incorporated affect-regulation methods of normalizing; talking to oneself as a friend; identification of context within oneself; self-soothing methods such as slow, deep breathing; nonjudgmental identification of unhelpful coping strategies; introduction of mindfulness practices and meditation; imagery techniques and safe-place identification; and Gestalt empty-chair techniques (Beaumont, 2016; Coaston, 2017). Overall, the emphasis was "that it is the *acting compassionately* rather than the *compassionate act* itself that leads to the felt experience of compassion" [italics included in original text for emphasis] (Barnard & Curry, 2011, p. 98). The researcher used these in conjunction with O'Hanlon and Rowan (2003) solution-oriented therapy (SOT) language; though less structured than De Shazer and Berg's version of the theory, it relies on innate human resourcefulness and resilience (Prentice & [MZHHumanStrategy], 2010).

As this intervention took place in a therapeutic setting, participants were first and foremost respected as mental health clients. The researcher and therapist abided by the confidentiality laws, rules, and regulations inherent to that role. Participants also received identification numbers without ties to their personal information during data analysis and coding.

Materials

During the sessions, the researcher kept written notes and had the participants complete assessment measures to document before-and-after scores for more definitive evidence of change that could support the emergent themes of the researcher's notes (Glesne, 2016). Participants completed the documents at the beginning of the first session and conclusion of the final session. These were the Self-Compassion Scale (SCS) and Couple Satisfaction Index (CSI). The SCS measured for the degree of self-compassion versus self-coldness of the participant (Neff, 2003a). The researcher interpreted it as two- or six-factor,

considering each of the six subscales of self-kindness, self-judgment, mindfulness, isolation, sense of shared humanity, and overidentification (Lopez et al., 2015). Scores could range from 1 to 5 for each subscale; higher number indicated a stronger presence of that quality. The researcher selected this scale because it is currently the sole self-compassion formal measure. It also has good test-retest reliability and existing research further validates it, including construct, discriminant, content, and convergent validities (Castilho et al., 2015; Neff, 2003a). The CSI was a similar Likert-style measure covering various areas of the couple relationship including past interactions and current relationship satisfaction (Funk & Rogge, 2007). This score can go up to 160 where the higher the number, the greater the relationship satisfaction. The researcher selected the CSI due to its decreased attention to communication compared to other relationship measures and its strong reliability and convergent validity (Graham et al., 2011).

While formal measures are typically associated with quantitative or mixed-methods research, the researcher used these as qualitative documents to assess within the case study observations. These documents served as a secondary source alongside identified themes from the researcher's notes (Creswell, 2014). When in conjunction with the comments written in the notes, these scores provided insight to the researcher about how or if the intervention was helpful to change self-compassion of the participant. The researcher compared these scores to the verbalized areas of strength and difficulty alongside the participants' scores of the CSI. These scores, along with the researcher notes, contributed to the data coded for analysis.

Data analysis

Analyzing qualitative data required seven steps (Creswell, 2014). First was to bring together all the data, including the notes, direct quotes from the participants noted in the notes, and the original copies of the completed assessment documents. Second was to organize and prepare the data for analysis. For the present study, this included organizing the data by session and by participant in order to have varied perspective and interpretation options. Third was to read through all the data. Fourth came coding the data, which included identifying themes in exact language and overarching concepts. Fifth, the researcher considered overlap between the notes and collected documents. Sixth, the researcher sought interrelated themes that associated to self-compassion and romantic relationship satisfaction. Seventh, the researcher interpreted the meaning of themes, including their potential broader significance. Altogether, taking these steps validated the accuracy of the information provided by the data. The researcher kept this in mind when considering the data's potential trustworthiness.

Provisions of trustworthiness

The researcher utilized four methods to check for the trustworthiness of the present study (Creswell, 2014). First, the researcher considered multiple perspectives on the information, not just that which agreed with the researcher's expectations. Similarly, the results described here include all participants who completed the study, not only those endorsing the researcher's expected outcome. Second, member-checking allowed participants to review the accuracy of the researcher's conclusions about observed themes; at the final session, the therapist reviewed the notes and conclusions gathered thus far, allowing the participant to correct as needed. This increased the study's credibility. Third, the researcher clarified bias through reflexivity, specifically how the researcher's perspective shaped interpretation of findings, formed by personal background attributes such as gender and cultural history (Creswell, 2014). This addressed the study's confirmability. Fourth, the researcher utilized peer debriefing, allowing professional peers who are not otherwise involved in the study to review it when semi-polished. This step allowed them to ask questions and offer perspectives which the researcher may not have thought originally. This increased the study's dependability and potential transferability.

Limitations

The researcher attempted to correct the limitations of the present study, but some were unavoidable. The present project served as an introductory study exploring intentional increase of self-compassion and romantic relationship satisfaction. Being in the first phase in this subject, there were several limits to this study. For one, the intervention's sessions were not at consistent intervals from participant to participant. Some participants received treatment weekly, twice a month, or sporadically. This inconsistency makes it difficult to compare participant outcomes due to varied opportunity for at-home application of intervention concepts. A solution to this limitation would be requiring consistency of appointment frequency among participants.

A frequent shortcoming in the existing literature is reliance on self-report. There are several sources of bias in self-report. In the present study, these included mood-based responses; how the measures were presented to participants including process, time, and location; item complexity or ambiguity; item and scale structure; confusion by inversely-coded items; and participant desire to appear internally consistent even if not responding truthfully (Brutus et al., 2013; Podsakoff et al., 2003; Widhiarso, 2014). Gender bias can also be a limitation by either the therapist or client if they make assumptions about treatment process as a result (Heath et al., 2017).

The additional role as the therapist limited the researcher, as well (Hay-Smith et al., 2016). Application of the intervention may appear intrusive to the therapeutic process unless intentionally considered. The researcher was

intentional to prioritize client care and maintain the primary role of therapist. This meant eliminating potential participants if their involvement in the study became distracting to their treatment outcomes. Additionally, since the researcher observed private information that they could not report verbatim in respect to psychotherapeutic confidentiality, the researcher elected to redact certain information out of respect to the client (Creswell, 2014). To further address this limitation, the therapist individualized treatment for the client within the intervention design in order to prioritize the therapeutic benefit of the client. Therefore, the intervention looked slightly different from participant to participant. In observing this flexibility, the individualized intervention also limited the researcher. Despite these limitations, several themes and patterns revealed themselves in the data results.

Results

Four women completed the case study. Ages of participants ranged from 20 to 47 with an average age of 33. Demographics collected included the length of the individual's current romantic relationship, divided into three categories based on length of the relationship (See Table 1). In the categories, one participant had been in a committed relationship for less than two years and three had 2–10 years partnerships. No participant had been in their current relationship for more than ten years. Of the three participants who have been in a relationship longer than two years, the same three had also previously been in a multi-year relationship. They were also the three older participants. This could be a pattern in and of itself.

These same three participants demonstrated score increases or maintained scores across SCS subscales for self-compassion and decreases in all three self-coldness subscales. Therefore, there was consistent evidence that being in a longer relationship may relate to one's ability to be self-compassionate or to overcome self-coldness. These three also experienced an increase in relationship satisfaction as evidenced by verbal confirmation in the notes and CSI score increases. This pattern could indicate being in a longer relationship could make it easier to change relationship satisfaction or offer one's partner compassion. The youngest woman who had a briefer relationship had not previously had a multi-year relationship. This lone participant experienced the most varied, inconsistent score changes on both the SCS and CSI. Her CSI score decreased between the first and final sessions, further differing her from

Table 1. Participant demographics.

	Age (in years)	Relationship length (in years)	Previous 2+ year relationship?
Participant 1	20	< 2	N
Participant 2	23	2–10	Y
Participant 3	47	2–10	Y
Participant 4	36	2–10	Y

Table 2. Participant 1's self-compassion scale (SCS) and couple satisfaction index (CSI) scores.

Scale: Subscale	Pretest	Posttest	Change
SCS: Overall self-compassion	3.08	4.00	+0.92
SCS: Self-kindness	2.00	3.00	+1.00
SCS: Sense of shared humanity	4.25	5.00	+0.75
SCS: Mindfulness	3.00	4.00	+1.00
SCS: Overall self-coldness	3.28	3.10	-0.18
SCS: Self-judgment	3.60	3.80	+0.20
SCS: Isolation	3.75	2.00	-1.75
SCS: Overidentification	2.50	3.50	+1.00
CSI: Overall relationship satisfaction	160	158	-2

Table 3. Participant 2's self-compassion scale (SCS) and couple satisfaction index (CSI) scores.

Scale: Subscale	Pretest	Posttest	Change
SCS: Overall self-compassion	1.90	3.10	+1.20
SCS: Self-kindness	2.20	3.80	+1.60
SCS: Sense of shared humanity	2.00	2.25	+0.25
SCS: Mindfulness	1.50	3.25	+1.75
SCS: Overall self-coldness	4.13	2.17	-1.96
SCS: Self-judgment	4.40	2.00	-2.40
SCS: Isolation	3.25	1.75	-1.50
SCS: Overidentification	4.75	2.75	-2.00
CSI: Overall relationship satisfaction	117	136	+19

Table 4. Participant 3's self-compassion scale (SCS) and couple satisfaction index (CSI) scores.

Scale: Subscale	Pretest	Posttest	Change
SCS: Overall self-compassion	1.67	3.25	+2.08
SCS: Self-kindness	1.00	3.20	+2.20
SCS: Sense of shared humanity	2.00	3.75	+1.75
SCS: Mindfulness	2.00	2.75	+0.75
SCS: Overall self-coldness	3.90	2.78	-1.12
SCS: Self-judgment	4.20	2.60	-1.60
SCS: Isolation	4.00	3.75	-0.25
SCS: Overidentification	3.50	2.00	-1.50
CSI: Overall relationship satisfaction	81	116	+35

Table 5. Participant 4's self-compassion scale (SCS) and couple satisfaction index (CSI) scores.

Scale: Subscale	Pretest	Posttest	Change
SCS: Overall self-compassion	3.67	3.87	+0.20
SCS: Self-kindness	3.20	3.60	+0.40
SCS: Sense of shared humanity	3.75	4.00	+0.25
SCS: Mindfulness	4.00	4.00	0
SCS: Overall self-coldness	3.25	2.25	-1.00
SCS: Self-judgment	3.00	2.00	-1.00
SCS: Isolation	3.00	2.25	-0.75
SCS: Overidentification	3.75	2.50	-1.25
CSI: Overall relationship satisfaction	139	140	+1

the others' increasing scores. Unfortunately, with so few participants in the case study, it is difficult to determine if there is a connection between outcomes and this demographic information.

Within the demographics, an additional pattern emerged between the women divided by age. A pattern presented itself in pairs between the two participants in their twenties and the two older participants. The two younger participants initially had a harder time conceptualizing self-compassion or accepting it as a viable option of healing. The older two placed more doubts in its practicality as a solution to their presenting problem, since it did not connect directly initially. Other than this observation, age does not appear to be heavily influential to the results of the present case study.

Beyond the demographic findings, several themes became evident during the coding and analysis process of the present study. First, all participants did experience increased self-compassion over the course of the intervention. Over the same time frame, participants indicated a change in relationship perception and partner acceptance. Tables 2–5 identify the numeric changes of the SCS and CSI scores. All themes indicated a possible connection between increasing self-compassion and increasing romantic relationship satisfaction.

Participant increased self-compassion during intervention

At the beginning of the intervention, all participants reported having prominent negative internal dialogue. This was verbally self-reported by the participants and evident in high SCS pretest self-coldness sub-scale scores of self-judgment and personalization. These are the antitheses of self-compassion's qualities of self-kindness and mindfulness. Statements included those insulting to their cognitive skills ("You're so stupid"), their decisions ("You're such an idiot," "I can't believe you thought/did that"), their bodies ("I'm such a fat ass; it's so gross," "I don't know why he's with me [when I look] like this"), and their worth ("I'm worthless," "He could do so much better than me"). This hypercritical language is associated with self-judgment. Instilling change at this point focused on finding gentle ways to challenge these assumptions. For two participants, ages 20 and 36, this was predominantly decreasing *should* language related to past regrets and future expectations. On the self-judgment subscale of the SCS, the women started with an average score on the SCS of 3.68 with a range of 4.4 to 3.0. This indicated moderate to high presence of self-judgment at the beginning of the intervention's first session.

Multiple participants were able to provide examples of changed internal dialogue to decrease self-judgment over the five sessions. By the final session and posttest, scores of the self-judgment subscale had decreased to average 2.6, or mild to moderate, with specific scores of 2.0, 2.6, 2.0, and 3.8. This change was also evident in verbal self-report of the participant. One participant, age 23, noticed decreased arguments with their partner since being more intentional about "taking deep breaths and pausing before responding to something [her partner] says." To do this, the participant endorses use of mindfulness as

a step toward self-kindness. This included being aware of the context of their feelings and the limited ability to change the past. Another participant used shared humanity to offer kindness to both self and others. The 36-year-old recognized people to be “trying their best,” and “doing the best they know how.” This can accompany acknowledging the inevitability of human error, as considered by another participant, age 47. Despite this, the latter participant remained highly attentive to her own shortcomings in the relationship, often continuing to use harsh internal dialogue to communicate this even in later sessions of the intervention.

All women reported increased self-compassion between their first and final sessions. This was evident in their documented scores on the SCS. For overall self-compassion, scores on the SCS ranged from 1.67 to 3.67 with an average of 2.58 at the pretest. By the posttest, scores had increased to range from 3.1 to 4.0 with an average of 3.56. For self-coldness, scores ranged from 2.62 to 4.13 at the time of the pretest with an average score of 3.64. This indicates at the time of the pretest, participants were, on average, colder to themselves than they were compassionate. However, at the time of the posttest, self-coldness scores had decreased to range from 2.17 to 3.1 with an average of 2.58. This indicated participants decreased self-coldness self-talk over the course of the intervention.

This same change was present in each of the subscales. With one exception (an unchanged score in mindfulness), all self-compassionate subscale scores increased over the course of the intervention. Self-kindness scores were the lowest at the pretest, ranging from 1 to 3.2 and averaging at 2.1. Sense of shared humanity demonstrated scores of 2 to 4.25 with an average of 2.92 at the pretest. Mindfulness pretests showed scores averaging at 2.71, ranging from 1.5 to 4. By the posttest, all three of these had higher averages. Self-kindness average increased to 3.4, sense of shared humanity to 3.75, and mindfulness to 3.5. Therefore, the numeric data indicated the most prominent change occurred in the participants' self-kindness during the intervention.

With a single exception, the self-coldness subscales decreased over this same time span. At the pretest, self-judgment scores had an average of 3.68. Sense of isolation scores averaged at 3.29. Lastly, overidentification started with scores averaging 3.58. By the posttest, self-judgment averaged 2.6, isolation averaged 2.44, and overidentification decreased to 2.69. These scores are significant as they demonstrate the intervention may be an effective means of improvement in self-compassion. When considered alongside changed relationship satisfaction scores on the CSI, participants affirmed the concepts of self-compassion impacted their relationship perception. These findings were in addition to self-reported decreased overwhelming experiences of anxiety, increased self-reflection, and increased self-awareness related to self-compassion. These changes may have contributed to other themes of relationship realism and partner acceptance. [Table 6](#) summarizes these results.

Decreased overwhelming experience of anxiety

Three women (ages 20, 23, and 47) reported decreased anxiety overall after completing the intervention. Two of them (ages 23 and 47) said they still experienced anxiety regularly but had “made progress in anxiety management.” This included a comment that she “needs self-care” for the sake of her “overall mental health.” These two participants presented to the fifth session of therapy more cheerful and optimistic than at the beginning of treatment, as well.

Table 6. Themes connecting self-compassion and romantic relationship satisfaction.

Overall theme	Subtheme	Age of participants demonstrating the subtheme	Participant examples
Self-compassion increase	• Decreased	20, 23, 47	• “Progress in anxiety management”
	Overwhelming Experience of		• Importance of self-care
	Anxiety		• “It’s important to offer yourself kindness when you’re down.”
	• Increased	23, 47	• Capable of a “normal life despite . . . mental health problems”
Increased relationship and Partner Acceptance	Self-reflection		• Consider “what [she] could have done differently” rather than “what [she] should have done.”
	• Increased self-awareness	23, 36, 47	• Self-soothing, normalizing emotions
	• Easier to be kind to others	20, 23, 36, 47	• “While the relationship has not really changed, [the participant’s] perception of it has.”
	• Focus on the Present	23, 36, 47	• Viewing the “intention” of the emotion with empathy rather than judgment.
Partner Expectations	• Changed Relationship perception	23, 36, 47	• Using the “core self” to act as “the therapist” to their internal parts
	• Changed Partner Expectations	20, 23, 36, 47	• “It’s ok to have different points of view inside you at the same time. It doesn’t mean you’re crazy.”
	• Focus on the Present	23, 36, 47	• Feeling more “peaceful”
	• Changed Relationship perception	23, 36, 47	• Focusing on staying in the moment to avoid being “carried away by” undesired emotions
Partner Expectations	• Changed Partner Expectations	20, 23, 36, 47	• Able to “cope with past mistakes”
	• Focus on the Present	23, 36, 47	• “You don’t know what they have going on in their heads or in their lives, but you know all your own dirty secrets.”
	• Changed Relationship perception	23, 36, 47	• Rather than worrying about the past or future of her relationship
	• Focus on the Present	23, 36, 47	• Traveling as “time spent together rather than just a way to get somewhere.”
Partner Expectations	• Changed Relationship perception	23, 36, 47	• Focus on enjoying the “little moments”
	• Focus on the Present	23, 36, 47	• “Shift toward normalcy”
	• Changed Relationship perception	23, 36, 47	• Having “different problems, not new ones.”
	• Focus on the Present	23, 36, 47	• Able to focus on the “everyday couple stuff,” instead of “bigger issues that were unique to [that couple].”
Partner Expectations	• Changed Relationship perception	23, 36, 47	• “More understanding to his need for ‘me time’”
	• Focus on the Present	23, 36, 47	• Accepting partner’s flaws and humanness: “He’s selfish.”
	• Changed Relationship perception	23, 36, 47	• Expecting [her partner] to “read [her] mind didn’t make sense and wasn’t helping anything.”
	• Focus on the Present	23, 36, 47	• Being less dependent on her partner for self-approval
Partner Expectations	• Changed Relationship perception	23, 36, 47	• More compassion about partner’s PTSD
	• Focus on the Present	23, 36, 47	
	• Changed Relationship perception	23, 36, 47	
	• Focus on the Present	23, 36, 47	

While the youngest woman (age 20) reported decreased anxiety, she tearfully reported continuing to struggle with it. It was consistent with an existing pattern for this participant to have difficulty implementing these at home between sessions. The client stated, “I know it’s important to offer yourself kindness when you’re down,” and was able to identify individual and communal coping skills to “treat [herself].” She was able to provide examples of being capable of a “normal life despite [her] mental health problems,” but continued to report reliance on the therapist to provide language of self-kindness toward her mood swings and anxiety. This included encouraging her to apply the language she already used when offering compassion toward others. In this way, the therapist encouraged deeper self-reflection of the patterns that already existed in this participant.

Increased self-reflection

At this midway point in the five sessions, two participants (ages 23, 47) reported notable changes in themselves and specified how these changes were already impacting their romantic relationships. One participant (age 23) described a new ability to offer herself normalizations and self-soothe when frustrated with her relationship in the moment. She stated she would remind herself the frustration was toward the relationship or situation, not the partner. She also practiced reframing her emotions instead of villainizing them. At one point, she called her jealousy toward her partner’s peers “wholesome” because it was based in her sadness of missing her partner while they are long distance. In this way, she reported viewing the “intention” of the emotion with empathy rather than judgment.

A second participant (age 47) reflected on her progress in relation to her initial presentation goal, stating she had “gotten from these sessions what [she] came to work on,” even if not in a means she initially expected. The woman asserted she had attained the practical skill of altered discernment that no longer resonated with self-blame: “While the relationship has not really changed, [her] perception of it has.” When asked to expand on this, the participant described thinking of her spouse differently, more like a supportive partner than an opponent. In this way, the participant reported finding the conversations with the therapist to have been helpful, especially when affixed to her specific presenting situation or problem. However, not all participants felt this way at this halfway point in the five-session intervention.

The other two participants (ages 20, 36) reported increased anxiety in the third session due to extraneous stressors they struggled to depersonalize. Instead of perceived progress, they presented with increased “distracting” anxiety and overall apparent psychotherapeutic regression. In both cases, a recent external relational stressor had reportedly triggered their anxieties and insecurities about themselves. Since the anxiety was based on someone else’s actions, both participants expressed disbelief that self-compassion would

be a relevant coping skill. One participant (age 36) commented that her anxiety would only calm down if she received reassurance from someone else that her distressed reaction was normal or reasonable. As the therapist offered her empathy, her emotional reactivity decreased. Despite this, she continued to reject the option to see from another person's perspective, even when the therapist reiterated that validating a point of view is not the same as agreeing with it. The client used these ideas to increase her self-awareness, differing this from self-reflection as related to her anxiety.

Increased self-awareness

Three of the four participants (ages 23, 36, 47) reported feeling more self-aware in the back half of the intervention. The focus on mindfulness “brings this out,” one of them reported (age 47). The twenty-year-old participant and two of the former (ages 23, 47) also viewed self-awareness as both a mental and physical coping skill. Per the 47-year-old female participant, this meant focusing on staying in-the-moment with herself and her partner instead of getting “carried away with” worry or anxiety. One woman (age 23) described being “like [her] own therapist” mediating between different parts inside her, including her self-critic and her more compassionate core self. She also expressed feeling calm to know, “It’s ok to have different points of view inside you at the same time. It doesn’t mean you’re crazy.”

The twenty-year-old participant who remained highly anxious during sessions held the belief that she did not have the coping skill of self-awareness and self-acceptance. She was receptive to comments from the therapist providing examples of times the participant had offered insight to herself that provided personal context for her choices. This participant accepted this connection but was unsure how it related to being mindful if it does not immediately initiate change. She stated she “constantly feels like [she] need[s] to do more.” Aside from the latter, participants report feeling more self-aware, including feeling more “peaceful.” One continued to say that being more “other-aware” has also helped her be more self-aware.

Participants defined “other-aware” as the application of the three qualities of self-compassion (kindness, mindfulness, and a sense of common humanity) toward others. For one participant (age 47), this included recognizing her husband’s “humanness” to help her stay grounded and mentally present during interactions that could have been arguments. She offered him kindness in the belief that he, like herself, was working to better himself and improve their interactions and perceptions rather than “trying to change each other.” This participant self-reported improved quality of communication in her partnership and return of sexual intimacy in her relationship, which had been absent for several months prior to the study. She attributed this change to her altered perception of herself and of him, assisted by increased self-awareness achieved through the intervention. The participant connected her

increase in self-compassion to increased relationship realism and acceptance of her partner rather than pressured desire for him to change.

Themes of relationship and partner acceptance

As the women increased self-compassion, they also identified themes of change in their romantic relationships. Throughout treatment, participants noticed change in themselves that enabled them to be kinder to others and then themselves. Participants reported this was possible when they focused more on the present in their romantic relationships. This altered their perceptions of the relationship rather than demanding a partner or themselves to change, and thereby experiencing transformed relationship expectations and increased partner acceptance.

Easier to be kind to others

All four participants reported finding it easier to be kind toward others compared to kind toward themselves. One participant (age 36) noticed it was easier to offer compassion to others because “you don’t know what they have going on in their heads or in their lives, but you know all your own dirty secrets.” However, the intervention used the language of participant kindness toward others and encouraged them to offer this language to themselves as a step toward self-compassion.

One participant (age 47) provided an example of using self-kindness and its influence on their relationship. She described feeling guilt and anxiety over an emotionally vulnerable incident related to her romantic life with which she was unsure how self-compassion would help in the moment. However, the participant was able to self-reflect on this incident later and offer herself kindness. While finding it easier to be kind to others, she was able to consider “what [she] could have done differently” rather than “what [she] should have done.” The participant’s own recognition of this non-judgmental language option represented the immediate progress, which she stated helped her be more comfortable interacting with her partner after the incident. Staying mentally present in the instant also allegedly contributed to her ability to decrease in self-judgment and focus on enjoying the “little moments” with her partner.

Focus on staying in the present

All four women endorsed more intentional efforts to “stay in the present” as part of the intervention. For one participant (age 36), this was about keeping focused on the present rather than worrying about the past or future of her relationship. Another participant (age 47) provided the example of her tendency to get “stuck in [her] head,” worrying what her spouse was thinking

about when they would silently ride in the car together. She recollected her habit to “get on [her] phone and just tinker around to fill the time.” However, in the past week, her husband reportedly requested she put the phone down and talk to him. Rather than taking the statement personally, the client obliged and stated the pair had a more enjoyable ride as a result. The client stated she was now mindful to view car rides as “time spent together rather than just a way to get somewhere.”

For another (age 36), being in the present reiterated her inability to change the past. This included reflecting on her anxiety in the previous session and her new, more empathetic perspective on what had been its source. The participant viewed high levels of anxiety as an exception to the norm now, expressing joy that such was no longer her baseline. Part of being in the present for her meant giving herself credit for the progress she had made while recognizing she can continue to make progress in her anxiety management, also. She laughed as she stated, “I’m annoyingly optimistic now.”

However, one participant (age 20) struggled with this concept; she continued to view self-orientation as “selfish” by “just focusing on [themselves].” She expressed fear that mindfulness – a means of mentally being in the present – would be “impossible for” her due to her history of racing thoughts. She said, “I can’t meditate. I just don’t have it in me.” She reported she could not imagine what it would be like to “slow down enough to actually do that.” When she participated in a pillow-hug meditation in session, the participant reported finding it helpful because she took her time doing it. The young woman believed she did not have the ability to remember to initiate such actions independently of the therapist. At this point in the intervention, the participant appeared to maintain her previous session’s anxiety and remained convinced of its insuperability. Nevertheless, the other three participants reported changed relationship satisfaction as a result of focusing on the present and increased self-compassion.

Self-compassion and increased relationship satisfaction

According to the documented SCS and CSI results, increasing self-compassion positively associated with increased relationship satisfaction. All four participants increased scores of self-compassion and its subscales over the five-session intervention, with a single exception of an unchanged mindfulness score. The woman who remained the same in mindfulness score on the SCS (age 36) also experienced the smallest CSI score change. At the end of the intervention, three of the four (ages 23, 36, 47) had increased scores on the CSI. Per Funk and Rogge (2007), this indicated an increase in relationship satisfaction.

The one participant (age 20) who ended with a lower score on the CSI initially scored their partner with a perfect 160 and therefore could not increase that score. Even this individual’s score decreased by only 2 points on the CSI but increased in self-compassion by 0.92, or nearly 19% of possible

change. CSI score increases ranged from a single point to 35 points. Starting scores ranged from a satisfaction rate of 81 to 160. Posttest satisfaction rates ranged from 116 to 158. This indicated that relationship satisfaction largely improved in the same time span of receiving the self-compassionate intervention. Improved relationship satisfaction is also evident in the notes, as described by the participants' changed relationship perception and expectations of the partner.

Changed relationship perception. Three participants (ages 23, 36, 47) described a changed perception of their partner and relationship since the start of the intervention. One individual (age 36) recorded no perceived change in the relationship on the CSI but verbally describes the partnership as experiencing a "shift toward normalcy," now having "different problems, not new ones." This referred to being able to focus on the "everyday couple stuff," instead of "bigger issues that were unique to [that couple]." The participant believed she used compassion to recognize her own humanness but said she did not believe her partner sees his own. The participant told a story of her partner's ex-girlfriend once having warned the participant that the partner was selfish, but she had dismissed this as the former being bitter. However, now the participant says she sees this and accepts it about him. Other participants identified perceived behavioral change in relationship including decreased arguing with the partner reported by two participants (ages 23, 47). They attribute this to changing their expectations of their partners.

Changed partnership expectations. Per researcher observations, participants became more realistic about and accepting of their partner's humanism over the course of the intervention. One participant (age 20) said she felt more compassionate and patient with her partner's Post-Traumatic Stress Disorder (PTSD). Another (age 23) reported being "more understanding to his need for 'me time,' even when [they are] long distance." She also described being more mindful about not taking it personally when he did not want to have multi-hour phone calls, just like it does not mean anything personal when she ends a call early due to being tired. Overall, she described this as being less dependent on her partner for self-approval, finding she no longer needed him to reassure her of her choices as frequently as before the intervention. She stated the belief that removing this "pressure," or responsibility, from him seems to have improved the quality and content of their conversations to be more two-sided. The third participant (age 47) reported making more effort to see from her partner's point of view about their past stressors and why they may continue to influence him when the source of the stress has passed. The final participant (age 36) acknowledged how "expecting [her partner] to read [her] mind didn't make sense and wasn't helping anything." In these ways,

each participant described changing their perception and expectations of their partner to the benefit of the relationship.

In addition to offering this grace to their partner, participants reported feeling more accepting of their own humanness. For the twenty-year-old participant, this meant accepting their mental illness; for another at age 23, it meant accepting her internal dialogue would not change abruptly but take time and effort. For the other two (ages 36, 47), it meant accepting unchangeable past mistakes and recognizing the limited help self-judgment offers to avoid repeating those previous mistakes. Overall, participants agreed the intervention's focus on self-compassion was helpful to develop more empathetic self-perception, perception of their partner, and perception of their relationship.

Discussion

Self-compassion essential to non-judgmental self-improvement

The findings suggested addressing self-compassion in psychotherapy enhanced self-kindness, self-awareness, and self-reflection. This is evident in both increased scores on the SCS and in verbal comments by the women who participated. This is consistent with existing data that has analyzed the benefits of self-compassion to treat multiple diagnoses of mental illness, including depression and anxiety coping with negative internal dialogue associated with self-judgment (Neff, 2011). However, the researcher found that those with higher anxiety did not experience decreased self-judgment in connection with increased self-compassion. This was also consistent with existing literature that says highly anxious individuals do not do as well with short-term interventions (Arch et al., 2016). The ability to be kindly objective toward oneself is equally significant in true self-compassion and relationship satisfaction. Both contribute to the idea of non-judgmental self-improvement developing in psychotherapy.

Significance of using existing self-kindness

The intervention used the participants' existing empathy for others, such as friends or family, to provide verbiage for self-kindness. This relates to solution-oriented therapy, recognizing what resources are already present and capitalizing on those (Davidson, 2014). Informing the participant of this assumption can instill that hope for them, as well. This is significant because it contradicts a common western-cultural message that criticism is a stronger motivator than kindness, which research has not found this to be true (Breines & Chen, 2012). Multiple participants reported falling into this misconception that made self-kindness more unappealing initially. Self-kindness is akin to Gestalt's encouragement to accept reality with curiosity and appreciation for one's adaptability objectively (Crozier, 2014). This indicates presence or potential for unconditional positive regard by the client, demonstrating acceptance.

More self-compassion not indicative of low self-criticism

The researcher found the participants with greater self-reported anxiety had more difficulty building self-compassion or quieting their self-critic. Self-criticism, or self-coldness, can exist outside anxiety or depression. It can also coexist with self-compassion, though not at high levels (Brenner et al., 2018; Janzen, 2007). This is due to internal dialogue being multifaceted; self-compassion does not eliminate original beliefs or negative thoughts but has the power to change one's relationship with those beliefs or thoughts (Costa et al., 2016). The present study and existing research indicated people with more prominent self-critics have a harder time accepting the cognitive or behavioral practices of self-compassion (Gilbert, 2000; Lee, 2005; Neff, 2003b). Internalized shame can increase difficulty to self-soothe or emotionally regulate, which creates a challenge to self-compassion (Reilly et al., 2014).

It is the responsibility of the therapist to be mindful of the degree of their clients' anxiety. For those with more anxiety, a prolonged intervention may be more beneficial compared to a brief one (Bluth & Eisen-Moul, 2017). However, this does not have to be problematic. Cooper and Frearson (2017) normalized the need for a longer intervention. Change does not come quickly; saying so is a demonstration of self-compassion. It removes pressure to proceed in therapy at a certain pace or have specific outcomes. This relief of expectations can be an in-session intervention demonstrated by the therapist.

Significance of self-reflective objectivity

One's ability to be objective is essential to self-compassion. Lack of objective self-awareness is associated with prominent self-criticism, which can cooccur with anxiety and depression (Costa et al., 2016). Lack of objectivity can also impact the reliability of self-reported numbers in both self-compassion and relationship satisfaction. For example, the individual who had the highest score in relationship satisfaction both at the beginning and end is the same person who self-identified as persistently struggling with both depression and anxiety. However, this individual initially gave the highest score possible, 160, possibly unrealistically. In this example, the decreased score may be due to increased realism or objectivity about the relationship.

The participants who reported the most prominent self-critics are those who also have self-identified as depressed or anxious. The same participants reported the smaller changes in self-compassion. This is consistent with existing data that shows people with low self-compassion are more likely to experience multiple depressive episodes and be more self-critical than a never-depressed control group (Ehret et al., 2015). However, Diedrich et al. (2017) asserted applying emotional regulation skills, specifically focusing on the ability to tolerate negative emotions, can decrease depressive symptoms. The twenty-year-old participant lacked this ability to tolerate negative emotions, even at the end of the study. Furthermore, she described a sense of shame

associated with this. Shame is not synonymous to depression; self-criticism links shame and depression via recurring self-deprecation (Joeng & Turner, 2015). In objective self-analysis, an individual may be less internally defensive due to decreased personalization. They may still have the original beliefs, but their affinity to these can be different.

By decreasing personalization, the women also increased openness to accept their partners' efforts in the relationship more objectively. This is consistent with compassionate qualities identified by Gilbert (2000), "care for the welfare of others, sympathy, distress tolerance, empathy, nonjudgment, distress sensitivity, and the ability to create opportunities for growth and change with warmth" (Castilho et al., 2015, p. 857). Atkinson (2013) found individuals who are more satisfied in their relationships are also more likely to acknowledge their partner's positive actions and qualities compared to dissatisfied individuals. The present study sustains this perspective, as evidenced by increased acceptance of the partners' humanity including mental health diagnosis or need for alone time.

However, the participants did not consistently experiencing ease to offer compassion to others compared to self, regardless of which they attempted first (Bluth & Eisen-Moul, 2017). A missing piece appears to be reiteration that validation is not the same as permission to continue dysfunctional patterns. Participants still noticed personal shortcomings and still corrected where possible, but now with more self-patience (Neff, 2003b). The ability to be objective in self-perception is significant because it creates a basis of honesty toward oneself that can decrease harsh self-criticism. Objectivity toward oneself creates capacity to offer the same in another, such as with a romantic partner. However, existing research does not show having a relationship basis of closeness, trust, and social support to increase self-compassion (Salazar, 2015).

Significance of self-compassion on romantic relationship satisfaction

According to the present study's results, addressing self-compassion in psychotherapy directly impacts relationship satisfaction through shifting expectations of a partner or the relationship. The psychotherapy intervention includes in-session overt conversations about the participant's self-understanding. This leads to in-session reviewing how this shift in self-perception could be beneficial to her romantic relationship, or already is beneficial. Existing literature is not able to directly confirm this as it is the first study of its kind to assess for this connection.

Significance of changing relationship expectations

According to the results of the present study, changing expectations of a partner influences relationship satisfaction. Schwartz (2011) said people internally and externally are more likely to change when accepted as they currently are, but less

likely when accepted on the condition of change. When an individual, such as the participants of this study, change their self-perception, they change their emotional expectations of the partners. Removing this pressure from their partner resulted in receiving more emotional support. The emotional support from their partner was the original goal connected to mental peace and relationship satisfaction. However, they also learned to embrace emotional support from themselves.

Therefore, increasing self-sustainability emotionally and becoming self-efficacious improved their relationship satisfaction. Self-compassion encourages self-efficacy. The significance, therefore, is that increasing self-compassion may not change the pain experienced, but changes the extent of suffering due to decreased resistance and increased resilience (Germer & Neff, 2013). Based on the data provided, self-compassion and romantic relationship satisfaction positively influence one another (Neff & Beretvas, 2013). However, it “may be easier and more pragmatic for some individuals to learn how to be self-compassionate than to improve their complicated family dynamics” (Neff & McGehee, 2010, p. 236). This final observation connected to how the significance of these conclusions influences psychotherapeutic practice.

Participant initiative

The two participants who experienced the greatest score changes on the SCS and CSI took personal initiative to maximize between-session progress. One participant (age 23) elected to read the researcher’s source material, including Neff (2011). She also created an out-of-session experiential activity to take home and practice between sessions two and three. This participant reported faster changes in her relationship, more immediate changes toward self-kindness in her internal dialogue, and experienced the most prominent document score changes. Similar results occurred for another participant who took notes during session, writing phrases that resonated with her throughout each session. The consideration and increased intentionality these women put into the process may relate to their higher degree of self-compassion changes, and possibly any changes in romantic relationship satisfaction.

Conclusion

The purpose of this study was to understand how receiving a self-compassion-focused psychotherapeutic intervention can influence an individual’s self-compassion and romantic relationship satisfaction, particularly for women. The researcher utilized four case studies to explore themes in a researcher-designed five-session intervention that focused on increasing self-compassion. Using notes and participant assessment documents, the researcher sought to learn if the individuals could alter their perception of a romantic relationship through changed expectations or needs from the partner as a result of their

changed self-compassion. Results of this study indicated increased levels of both self-compassion and romantic relationship satisfaction after receiving the intervention in outpatient psychotherapy. This shows that increasing self-compassion could increase romantic relationship satisfaction through changed perception and expectations of the relationship and the individuals in it. In addition to this development, the case studies revealed themes of increased self-awareness, increased compassion toward others, decreased anxiety, and changed internal dialogue to be more self-compassionate as a result of the applied intervention.

Recommendations for future research

There are numerous recommendations for future research that could further legitimize the findings of the present study. Recommendations focus on extraneous factors of the present study. One inconsistency in the present study considered whether participants did out-of-session self-work focused on self-compassion. The larger SCS and CSI score changes occurred with the two participants who completed more out-of-session work about self-compassion. Future research may be more intentional about providing exact tasks between sessions for greater study consistency.

Additionally, though collected demographics did not explicitly ask, all four participants were in two-gendered partnerships entailing one man and one woman. However, one participant identified as bisexual, and another reported previously having been in a polyamorous relationship. The researcher did not further explore how the sexuality or sexual practices of the participant may influence the participants' self-compassion or related romantic relationship satisfaction, but further study may explore this influence, as well.

Accuracy of self-report on the SCS and CSI may depend on participant age and maturity. The length of their relationship may also be an influence. This may relate to romantic optimism of younger or newer couples, which would also influence perceived satisfaction (Graham et al., 2011). To address this limitation, future research may be more specific about the age or relationship length within the study, or do pilot studies that consider the role of either such variables within the CSI assessment.

Declaration of Interest

The author hereby declares to have no fiscal or other personal interest, direct or indirect, that may result in a conflict of interest with this journal. The author also affirms they are not affiliated with any organization or entity with any financial interest in the subject or materials discussed in this manuscript. No funding from consultancies, places of employment, advocacy groups, grants, patents, royalties, or stock contributed to the collection of this data, nor did the latter share ownership or influence the free will of the author and participants.

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