Self-Compassion: Theory, Method, Research and Intervention

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Abstract

Self-compassion refers to being supportive toward oneself when experiencing suffering or pain – whether it is caused by personal mistakes and inadequacies or external life challenges. This review presents my theoretical model of self-compassion as comprised of six different elements: increased self-kindness, common humanity and mindfulness and reduced self-judgment, isolation, and over-identification. It discusses the methodology of self-compassion research and reviews the increasingly large body of empirical studies that indicate self-compassion is a productive way of approaching distressing thoughts and emotions that engenders mental and physical wellbeing. It also reviews research that dispels common myths about self-compassion (e.g., that it is weak, selfish, self-indulgent or undermines motivation). Interventions designed to increase self-compassion such as Compassion-Focused Therapy and Mindful Self-Compassion are discussed. Finally, the review considers problematic issues in the field such as the differential effects fallacy and considers limitations and future research directions in the field of self-compassion research.

Self-Compassion: Theory, Method, Research and Intervention

Self-compassion, which can be understood as compassion for the experience of suffering turned inward, is a productive way of approaching distressing thoughts and emotions that engenders mental and physical wellbeing. This review will define self-compassion according to my theoretical model, discuss the methodology of self-compassion research, provide a broad overview of existing research on self-compassion and well-being, and examine interventions designed to increase self-compassion. It will also consider issues, limitations and new directions in the field of self-compassion studies.

What is Self-Compassion?

Self-compassion refers to how we relate to ourselves in instances of perceived failure, inadequacy or personal suffering. My initial operationalization of the construct (Neff, 2003b) was based on compassion for others as broadly conceptualized in Buddhist philosophy (e.g., Brach, 2003). From a Buddhist perspective, compassion is omni-directional and includes oneself as well as others. In order to understand what self-compassion is, therefore, it helps to consider what occurs in the experience of compassion more generally. Goetz et al. (2010) define compassion as "the feeling that arises when witnessing another's suffering and that motivates a subsequent desire to help" (p. 351). This feeling is warm and caring rather than cold and judgmental, wanting to help rather than harm. In order to experience compassion, we must be willing to acknowledge suffering, as uncomfortable as it might be, for feelings of care and concern to arise. This requires mindfulness so that we can be present with discomfort rather than avoiding or resisting it. Also central to compassion is a sense of connection with others who are suffering rather than feeling isolated from them. In fact, this is what differentiates compassion from pity, or feeling sorry for someone separate from ourselves.

The experience of compassion is similar when applied to our own suffering, whether it stems from failure, feelings of personal inadequacy, or life challenges more generally. It involves being present with our own pain, feeling connected to others who are also suffering, and understanding and supporting ourselves through difficult moments. Self-compassion can take a tender, nurturing form, especially when it is aimed at self-acceptance or soothing distressing emotions. However, it can also take a fierce, powerful, agentic form, especially when it is aimed at self-protection, meeting our important needs or motivating change (Neff, 2021).

I have operationalized self-compassion as a multifaceted construct comprised of overlapping but conceptually distinct elements that can be loosely organized into three broad domains (Neff, 2016) - how people emotionally respond to suffering (with kindness or judgment), cognitively understand their predicament (as part of the human experience or as isolating) and pay attention to suffering (in a mindful or overly identified manner). The elements of self-compassion are separable and do not co-vary in a lockstep manner, but they do mutually impact one another. Put another way, self-compassion represents a dynamic system in which the various elements of self-compassion work together to alleviate suffering.

The construct of self-compassion is conceptualized as a bipolar continuum ranging from uncompassionate self-responding (UCS) to compassionate self-responding (CS) in moments of distress (Neff, 2022). A bipolar continuum is comprised of qualitatively distinct opposites that range from -1 to 1 (Tay & Jebb, 2018). Heat and cold are a prototypical bipolar continuum. One feature of a bipolar continuum is that observations can fall in a range on either side of the zero point, and in any moment of suffering one can display coldness toward oneself (UCS), warmth (CS), or be at some neutral point in between.

The Elements of Self-Compassion

Self-Kindness vs. Self-Judgment. Most of us try to be kind and supportive toward our friends and loved ones when they feel badly about themselves or experience life challenges. We may voice words of warmth and understanding to let them know we care – perhaps even offering a physical gesture of affection such as putting a hand on their shoulder. We are often much harsher with ourselves, however, saying unkind and judgmental things that we would never say to a friend. With self-compassion, however, we take a benevolent and supportive attitude rather than condemning ourselves coldly. We acknowledge our shortcomings while caring for ourselves regardless. This type of self-acceptance decreases feelings of unworthiness.

Self-kindness involves more than ending self-criticism, however. It involves actively showing concern for our distress. We try to ease our discomfort if we can - not because we're inadequate as we are, but because we care. Self-kindness involves being emotionally available when life becomes difficult. It means that we are moved by our own pain, stopping to say, "This is really hard right now. How can I care for myself in this moment?" When we respond to ourselves with warmth, we feel validated, supported, and encouraged, in a similar manner to how we feel when receiving kindness from another.

Common Humanity vs. Isolation. The sense of common humanity that is inherent to self-compassion helps us to feel connected to rather than separate from others. When we fail or make mistakes, we tend to irrationally feel like everyone else is just fine and it's only *me* who has blown it. This isn't a logical process, but an emotional reaction that narrows our understanding and distorts reality. And even when our struggles stem from difficult life circumstances that we don't blame ourselves for, we tend to feel that somehow everyone else is having an easier time of it. We react as if "something has gone wrong" and forget that part of being human means facing challenges and being vulnerable. This feeling of abnormality creates a frightening sense of

disconnection and loneliness that exacerbates our suffering.

With self-compassion, however, we recognize that life challenges are part of being human, an experience we all share. In fact, our struggles are what make us card-carrying members of humankind. The element of common humanity also helps to distinguish self-compassion from self-pity. Compassion is, by definition, relational. It implies a basic mutuality in the experience of suffering, and springs from the acknowledgement that the human experience is imperfect. When we're in touch with our humanity, we remember that everyone experiences suffering. The triggers are different, the circumstances are different, the degree of pain is different, but the experience of imperfection is shared. When we remember our common humanity, we feel less isolated and alone.

Mindfulness vs. Over-identification. In order to have compassion for ourselves we need to be willing to turn toward our own pain, to acknowledge it mindfully. Mindfulness is a type of balanced awareness that neither avoids nor exaggerates the discomfort of our present-moment experience (Shapiro et al. 2006). We can't show ourselves compassion if we don't acknowledge we're in pain. At the same time, if we fight and resist the fact that we're suffering, our attention may become so absorbed by our pain that we can't step outside ourselves and adopt the perspective needed to care for ourselves. We may become overly identified with our negative thoughts or feelings and be swept away by our aversive reactions. This type of rumination narrows our focus and exaggerates implications for self-worth (Nolen-Hoeksema et al. 2008). Not only did I make a mistake, "I am a mistake." Not only did something horrible happen, "My life is horrific." Over-identification tends to reify our moment-to-moment experience so that we perceive transitory events as definitive and permanent. With mindfulness, however, we recognize that our negative thoughts and feelings are just that – thoughts and feelings – which helps us to

be less absorbed by and identified with them. We have the perspective necessary to extend compassion for our difficulties. For this reason, mindfulness is the pillar on which self-compassion rests.

<div align="center">**Research on Self-Compassion**</div>

Research on self-compassion has grown at an exponential rate since I first published my operational definition of the construct (Neff, 2003b) and scale to measure it – the Self-Compassion Scale (SCS; Neff, 2003a) - almost twenty years ago. There are now over 4,000 journal articles and dissertations focused on the topic (see Figure 1) with new studies being published every day. These studies span a vast range of topics and I will only be able to discuss a small subset of them here.

The Methodology of Self-Compassion Research

Most research on self-compassion has relied on self-reports of trait self-compassion as measured by instruments such as the SCS (Neff, 2003a). This research tends to be cross-sectional, although more longitudinal research is also being done. There is also an increasing amount of research being conducted with experimental methodologies involving self-compassion training or brief mood inductions.

Self-Report Measures of Self-Compassion

The Self-Compassion Scale. The SCS (Neff, 2003a) is the most common method of examining self-compassion, and it has been translated into at least 22 different languages (Tóth-Király & Neff, 2021). It is a 26-item self-report measure that is designed to measure self-compassion as I have defined it (Neff, 2003b). Even though self-compassion is a state of mind, the SCS measures trait levels of the tendency to respond self-compassionately in moments of personal inadequacy and failure or general life challenges. It's a straightforward assessment of

how often people engage in the various thoughts, emotions, and behaviors that align with the different dimensions of self-compassion. Sample items are: *self-kindness* ("I try to be loving towards myself when I'm feeling emotional pain"), *self-judgment* ("I'm disapproving and judgmental about my own flaws and inadequacies"), *common humanity* ("When things are going badly for me, I see the difficulties as part of life that everyone goes through"), *isolation* ("When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world"), *mindfulness* ("When I'm feeling down I try to approach my feelings with curiosity and openness"), and *over-identification* ("When something upsets me I get carried away with my feelings.") Responses are given on a scale of 1 (Almost never) to 5 (Almost always). Because self-compassion is conceptualized as a bipolar continuum ranging from UCS (self-judgment, isolation, and overidentification) to CS (self-kindness, common humanity and mindfulness), UCS subscale items are reverse coded so that higher scores indicate a relative lack of negative self-responding.

There is ample evidence for the reliability and validity of the SCS (see Neff & Tóth-Király, 2022 for a review). The SCS demonstrates good discriminant validity: it is not significantly associated with social desirability (Neff, 2003a) and can be empirically differentiated from self-esteem (Neff & Vonk, 2009), self-criticism (Neff, 2003a) and neuroticism (Neff et al. 2018b).

Confirmatory factor analysis (CFA) was originally used to examine the factor structure of the SCS (Neff, 2003a), and marginally adequate fit was found for a higher-order model and a six-factor correlated model, justifying use of the SCS as a total score or else six subscale scores. Support for a higher-order model has been inconsistent, however (e.g., Neff et al. 2017; Williams et al. 2014). Some researchers using CFA have found that the SCS forms two factors

representing CS and UCS (e.g., Brenner et al. 2017; Costa et al. 2015). Support for a two-factor

solution to the SCS has also been inconsistent, however (e.g., Neff et al. 2017; Neff et al. 2019).

I have argued that a bifactor approach combined with Exploratory Structural Equation Modeling

(ESEM) offers the most theoretically coherent way to examine the SCS, given that the six

components are thought to operate as a multidimensional system (Neff & Tóth-Király, 2022).

Support for this model has been very consistent. In a large international collaboration (Neff et al.

2019), bifactor ESEM and CFA was used to examine the factor structure of the SCS in 20

diverse samples (N = 11,685), and support was found in every sample for use of six subscale

scores representing the six components or a total self-compassion score, but not two separate

scores representing CS and UCS. Moreover, 95% of the reliable variance could be attributed to a

general factor. Tóth-Király and Neff (2021) found that an ESEM bifactor model of a single

general factor of self-compassion and six specific factors demonstrated configural, weak, strong,

strict, and latent variance–covariance across 18 samples from twelve different cultures. The use

of an SCS total score rather than separate CS and UCS scores has also been supported using

Rasch modeling (Finaulahi et al. 2021).

There are different formats of the SCS available, including a 12-item short form (Raes et

al. 2011) that is mainly reliable for measuring overall self-compassion levels, and a 17-item

youth version designed for middle-school age populations that can assess a total score or six

subscale scores (Neff et al. 2021a). We have also created a state self-compassion scale (S-SCS;

Neff et al. 2021b) that measures self-responding in the present moment. There is an 18-item long

form of the S-SCS that can assess the six components of state self-compassion and a six-item

short form that assesses overall state self-compassion. We are currently in the process of creating

a revised version of the trait SCS (Neff & Toth-Kiraly, in preparation) which contains an 18-item

long form that can measure the six components of self-compassion and a six-item short form to

assess overall levels of trait self-compassion. The revision is being done to reduce the length of

the long and short scales, and to improve the factor loadings of items on their intended subscales.

These loadings appear to be impacted by whether item stems refer to feelings of personal

inadequacy or general life challenges, so most items in the revised version refer to both. For

instance, "When I fail at something important to me, I try to keep things in perspective" was

revised to read "When I am feeling inadequate or upset, I keep things in perspective." The

revised version has improved psychometric properties as tested in a representative US sample

compared to the original SCS, despite being shorter.

       Other Models and Measures of Self-Compassion. It should be noted that other

measures of self-compassion exist in the literature based on different conceptualizations of the

construct. For example, Social Mentality Theory (SMT; Gilbert, 2005) posits that self-

compassion is a state of mind that emerges from mammalian bio-social roles involving

caregiving and care-seeking, while self-criticism emerges from evolved social roles that protect

us from social threats. The Forms of Self-Criticism and Self-Reassurance Scales (Gilbert et al.

2004) was developed to measure these two ways of relating to oneself and is a more appropriate

measure for those working within the SMT framework. More recently, Gilbert and colleagues

(Gilbert et al. 2017) have developed a model of compassion for self, for others, and from others,

based on the broadly used definition of compassion as sensitivity to suffering with a commitment

to try to alleviate it (Goertz, Keltner, & Simon-Thomas, 2010). They developed the Compassion

Engagement and Action Scales, including self-compassion and other compassion scales with

items tapping into engagement with distress and the motivation to alleviate that distress (e.g.,

thinking about and taking actions to help). Note that these scales do not measure kindness or

common humanity as a feature of compassion.

Strauss et al. (2016) proposed that both self-compassion and compassion for others involves five key elements: (1) Recognizing suffering; (2) Understanding the universality of suffering in human experience; (3) Feeling empathy for the person suffering (4) Tolerating uncomfortable feelings in response to suffering, so remaining open to and accepting of the person suffering: and (5) Motivation to alleviate suffering. Gu et al. (2020) have created a measure of compassion and self-compassion that assesses these five elements.

Experimental Methodologies

Most research on self-compassion has been conducted using self-report measures such as the SCS, but researchers are increasingly using experimental methods to examine this mindset. Many scholars have examined how self-compassion training and interventions impact wellbeing (see Ferrari et al. 2017; Wilson et al. 2020). Another methodology involves experimentally inducing a self-compassionate state of mind to determine how it changes behavior. One of the first studies to attempt to induce a self-compassionate mind state was conducted by Leary et al. (2007), who asked participants to recall a past event that made them feel badly about themselves, then guided them through a series of writing prompts designed to evoke mindfulness, a sense of common humanity and kindness. The study found that compared to control conditions, those in the self-compassionate writing condition experienced a greater decrease in negative affect. My lab recently created a self-compassion mind state induction that is closely aligned with my theoretical model (Neff et al. 2021b). Other researchers have used different approaches to evoke a self-compassionate mood such as listening to guided meditations (e.g., Kirschner et al. 2019).

Self-Compassion and Well-Being

The empirical literature strongly supports the link between self-compassion and well-

being (Neff et al. 2018a; Phillips & Hine, 2020; Zessin et al. 2015). Research on self-compassion using experimental methods has yielded findings that converge with cross-sectional and longitudinal studies using the SCS, so the evidence for the link between self-compassion and wellbeing appears to be robust.

One of the most consistent findings in the literature is that greater self-compassion is linked to reduced psychopathology. Meta-analyses of studies conducted in adult and adolescent populations have found moderate to large effect sizes indicating an inverse association between self-compassion and negative mental states such as depression, anxiety, stress and suicidal ideation (Ferrari et al. 2019; Hughes et al. 2021; MacBeth & Gumley, 2012; Marsh et al. 2018; Suh & Jeong, 2021). In longitudinal research, Stutts and colleagues (2018) found that self-compassion levels at baseline predicted lower depression, anxiety, and negative affect after 6 months, while Lee et al. (2021) found that increases in self-compassion were linked to reductions in psychopathology and loneliness over a five-year time span.

Compared to self-compassion levels in the general population, individuals meeting criteria for mental health conditions such as bipolar disorder, generalized anxiety disorder, substance use disorder, or persecutory delusions or schizophrenia tend to have less self-compassion, and self-compassion levels are associated with the degree of mental health experienced in clinical populations (see Athanasakou et al. 2020 for a review). A meta-analysis by Luo et al. (2021) found that self-compassion interventions reduced PTSD with medium effect sizes, and a meta-analysis by Turk and Waller (2020) found that self-compassion was associated with less eating pathology and reduced body image concerns with medium to strong effect sizes. A systematic review by Cleare and colleagues (2019) found strong evidence for the negative association of self-compassion with suicidal ideation and self-harm.

Self-compassion appears to reduce psychopathology by lessened automatic and negative thinking (Yip & Tong, 2021), reduced avoidance of negative emotions (Yela et al. 2021), less entanglement with negative emotions (Miyagawa & Taniguchi, 2020) and enhanced emotion regulation skills (Inwood & Ferrari, 2018). Self-compassion also reduces shame, which lies at the core of many persistent negative mental states. For instance, trait self-compassion predicted less shame and lower levels of depression among smokers who developed lung cancer (Siwik et al. 2021) and rape survivors (Bhuptani & Messman, 2021). One experimental study asked participants to think of an episode from their past in which they were ashamed of themselves, then asked them to write about the incident self-compassionately (Johnson & O'Brien, 2013). Those in the self-compassionate writing condition (compared to an expressive writing control condition) reported significant decreases in shame and negative affect. By relating to suffering with warmth rather than harshness and remembering that suffering is part of the shared human condition, individuals are less overwhelmed by their negative emotions and less likely to develop psychopathology.

Research indicates that self-compassion enhances positive mind states while lessening negative ones. A longitudinal study found that writing a self-compassionate letter to oneself over a five-day period found not only decreased depression levels for 3 months, but increased happiness for 6 months (Shapira & Mongrain, 2010). A meta-analysis by Zessin and colleagues (2015) found that self-compassion was linked to greater happiness, positive affect, and satisfaction with life with moderate to large effect sizes. Self-compassionate individuals have higher trait levels of hope, gratitude, curiosity, and vitality (Gunnel et al. 2017; Neff et al. 2018a; Neff et al. 2007). In a series of experimental studies Zhang et al. (2019) found that self-compassion results in greater authenticity. It is also linked to more autonomy, competence, and

relatedness (Gunnell et al. 2017), suggesting that this supportive self-stance helps meet basic psychological needs (Deci & Ryan, 1995). Although self-compassion is aimed at suffering, feelings of kindness, connectedness and presence are satisfying and meaningful, which helps explain why self-compassion enhances positive mental states. The positive feelings generated appear to facilitate the broaden-and-build process (Fredrickson, 2001) so that attention is freed up to focus on what's right in addition to what's wrong.

Self-Compassion versus Self-Esteem

Although self-compassion entails positive feelings, it is distinct from self-esteem. Self-esteem refers to how much one likes or values the self, based on congruence with personal standards or comparisons with others (Harter, 1999). While self-esteem is important for good mental health, there are potential problems with the pursuit of self-esteem. High self-esteem requires standing out in a crowd - being special and above average. Attempts to enhance self-esteem have been linked to narcissism, inflated and unrealistic self-views, prejudice, and bullying behavior (see Crocker & Park, 2004 for a review). Self-esteem involves evaluating personal performances (how good am I?) in comparison to set standards (what counts as good enough?) in domains of perceived importance (it's important to be good at this). This contingency means that state self-esteem can be unstable, changing according to our latest success or failure (Kernis, 2005).

Self-esteem is a positive evaluation of self-worth while self-compassion doesn't stem from judgments or evaluations. Instead, self-compassion is way of *relating* to the ever-changing experience of who we are with kindness and acceptance---especially when we fail or feel inadequate. Self-compassion doesn't require feeling better than anyone else, it simply requires acknowledging the shared and imperfect human condition.

Research suggests that self-compassion offers similar mental health benefits as of self-esteem, but without its potential downsides. In a large community survey that that I conducted with a colleague (Neff & Vonk, 2009), we directly compared self-compassion and self-esteem as predictors of wellbeing. We found that self-compassion was associated with more stability in state self-worth over an 8-month period (assessed 12 different times). It was also less contingent on appearance, performance and social approval, and was linked to less social comparison, public self-consciousness, self-rumination, anger, and closed-mindedness. And while self-esteem had a robust association with narcissism, self-compassion had no association with narcissism. These findings suggest that in contrast to those with high self-esteem, self-compassionate people are less focused on evaluating themselves, feeling superior to others, defending their viewpoints, or angrily reacting against those who disagree with them.

Self-compassion appears to provide greater ability to cope with stress than self-esteem does. One study asked participants to report their stress levels and mood twice a day for 14 days on their smartphones (Krieger et al. 2015), and found their general levels of self-compassion, but not global self-esteem, predicted less negative affect in stressful situations. Self-compassion may also buffer the impact of low self-esteem on well-being. For instance, a longitudinal study with adolescents found that ninth-grade students with low self-esteem but high self-compassion were more psychologically healthy 1 year later than those who were also low in self-compassion (Marshall et al. 2015).

Self-esteem is often based on perceived attractiveness and comparing one's physical appearance to others (Harter, 1999). However, self-compassion is linked to fewer social appearance comparisons, body dissatisfaction, and body shame (Turk & Waller, 2020). Moffitt et al. (2018) found that enhancing self-compassion after a body image threat reduced body

dissatisfaction and increased self-improvement motivation compared to a self-esteem enhancement condition. We recruited women with body image concerns to participate in a study that involved listening to the self-compassion meditations available on my website (self-compassion.org) for three weeks, and found it reduced the extent to which women based their self-esteem on appearance compared to a waitlist control group (Albertson et al. 2015). Self-compassion appears to foster a more unconditional basis for self-worth than self-esteem.

Common Misgivings about Self-Compassion

Western culture has doubts about the value of self-compassion, and it's generally not promoted as a virtue. Common misgivings about self-compassion are that it's weak, self-indulgent, selfish, and/or will undermine motivation (Robinson et al. 2016). Across three studies, Chwyl and colleagues (2021) investigated the role that negative beliefs about self-compassion had on the tendency to be self-compassionate when responding to real-world or hypothetical events. Those with more negative beliefs were less self-compassionate, which in turn predicted less adaptive coping strategies. They also found that experimentally inducing people to hold positive, as opposed to negative, beliefs about self-compassion predicted self-compassionate responding one week later, suggesting that beliefs about self-compassion are malleable. This is good news, because the empirical evidence demonstrates that most of the fears people have about self-compassion are misplaced.

Self-Compassion Makes You Strong Not Weak

Some people are afraid that self-compassion will make them soft or weak. However, compassion can be fierce, taking a strong and resolute stand against harm that offers resilience in difficult circumstances. A meta-analysis by Ewert and colleagues (2021) examined the link between self-compassion and coping across 136 samples and found a positive association

(medium effect size) with adaptive coping, including emotion-focused strategies such as acceptance or positive reframing as well as problem-focused strategies such as planning and providing instrumental support. This reflects the application of both tender acceptance and fierce action in difficult situations. They also found a negative association (large effect size) with maladaptive coping strategies such as denial or emotional avoidance.

Research indicates that self-compassion provides resilience when encountering a broad range of life challenges such as divorce (Sbarra et al. 2012), domestic violence (Allen et al. 2017), sexual assault (Hamrick & Owens, 2019), natural disasters (Yuhan et al. 2021), parenting a special needs child (Neff & Faso, 2014), or prejudice (Vigna et al. 2017). There have been several studies indicating that self-compassionate individuals were better able to cope during the COVID-19 pandemic, experiencing less loneliness, anxiety and depression and greater life satisfaction (e.g., Beato et al. 2021; Li et al. 2021). Self-compassion has also proven to be a powerful tool for resilience for those faced with health challenges such as chronic pain (Lanzaro et al. 2021), cancer (Siwik et al. 2021) or diabetes (Morgan et al. 2020). Sirois et al. (2015) found that self-compassionate individuals with chronic illness have more adaptive coping styles (e.g., positively reframing or accepting the situation) and fewer maladaptive coping styles (e.g., giving up or blaming oneself).

People who are self-compassionate after experiencing trauma are more resilient (Luo et al. 2021). Research suggests that self-compassion not only reduces PTSD symptoms among trauma survivors, it enhances posttraumatic growth and learning (Winders et al. 2021). Research indicates that soldiers who were compassionate toward their traumatic experiences functioned better in daily life and had fewer symptoms of posttraumatic stress disorder (PTSD) as a result of combat exposure (Dahm et al. 2015). In fact, having low levels of self-compassion was found to

be a stronger predictor of developing PTSD symptoms than level of combat exposure itself

(Hiraoka et al. 2015), suggesting that how you relate to trauma is key to how debilitating it is.

When going into battle, literally or figuratively, being your own ally is going to make you

stronger and more resilient than treating yourself like the enemy.

Self-Compassion Leads to Health Not Self-Indulgence

People may assume that self-compassion means going easy on yourself and leads to self-

indulgence. However, self-indulgence refers to engaging in behavior that is pleasurable in the

short term but harmful in the long term. If you care about yourself and don't want to suffer, you

won't harm yourself through self-indulgence. Rather, you will do what you can to be healthy.

Research shows that self-compassion is associated with health-promoting behaviors such as

reduced smoking, healthy diet and exercise, seeking medical care, increased physical activity,

safe sex, and less bedtime procrastination (Biber & Ellis, 2017; Sirois et al. 2019; Wong et al.

2021). Phillips & Hine (2010) conducted a meta-analysis of 94 studies and found that self-

compassion was associated with health-promoting behaviors with small to medium effect sizes.

They also found it was linked to better physical health (with small effect sizes) in terms of

outcomes like abdominal pain, skin rashes, earaches, and respiratory problems.

The increased physical health of self-compassionate individuals may be related to

findings indicating that self-compassion enhances immune function. For instance, Bellosta-

Batalla et al. (2018) found that eight weeks of mindfulness and compassion training increased

self-reported health and immune function, as measured by immunoglobulin A. The link between

self-compassion and health is also likely mediated through the nervous system: self-compassion

has been linked to greater vagally mediated heart rate variability and reduced cortisol levels

(Kirschner et al. 2019). Finally, a meta-analysis found that self-compassion is linked to better

quality sleep (Brown et al., 2021), with medium effect sizes. When you care about yourself you will care for yourself, and this leads to greater health.

Self-Compassion Is Not Selfish and Helps You Care for Others

Some people fear that self-compassion is selfish and self-centered - that being kind and caring toward oneself automatically means being less caring toward others. In fact, the evidence suggests that self-compassion enhances interconnection with others (Lathren et al. 2020). We have generally found that the zero-order correlation between measures of self-compassion and other-focused compassion is small (Neff et al., 2018a; Neff & Pommier, 2013). This is primarily because many individuals are high in compassion for others but low in self-compassion, meaning the two traits do not necessarily co-occur. However, self-compassion is linked to more perspective-taking, forgiveness of others' imperfections and greater feelings of similarity with others (Bruk et al. 2020; Miyagawa & Taniguchi, 2022; Neff et al. 2018a). Self-compassion also enhances the quality of romantic relationships. We conducted a study of 100 heterosexual couples in long term partnerships (Neff & Beretvas, 2013) and found that participants described self-compassionate partners as being more emotionally connected, accepting, and autonomy-supporting, and as being less detached, controlling, and verbally or physically aggressive, and they were more satisfied in their relationships. Zhang and colleagues (2020) found that self-compassionate individuals are more accepting of both their own and their romantic partner's personal flaws. Path analysis indicated that participants' self-acceptance was positively linked to acceptance of their romantic partner, which was then positively linked to how accepted participants felt by their partner.

Research has found that self-compassionate college students have more compassionate goals in relationships with friends and roommates, meaning that they tend to provide social

support and encourage interpersonal trust with relationship partners (Wayment et al. 2016). Self-compassion people are more likely to help others in emergency situations even when the situation is the other's fault (Welp & Brown, 2014). In a study examining how people resolve conflict situations with mothers, fathers, and romantic partners, we found that self-compassionate individuals tended to compromise while those lacking self-compassion tended to subordinate their needs to partners (Yarnell & Neff, 2013). We also found that self-compassionate people felt more authentic and experienced less turmoil when resolving conflicts and reported a greater sense of well-being in their relationships.

Research indicates that self-compassion is also an important resource for caregivers (Raab, 2014). In a study of parents of children with autism, we found that higher levels of self-compassion were linked to less stress and depression, as well as more life satisfaction and hope (Neff & Faso, 2014). Among those caring for an elderly person with dementia, self-compassion was linked to lessened feelings of caregiver burden and more functional coping strategies for caregiver stress (Lloyd et al. 2018). Among professional caregivers such as therapists, doctors, nurses, educators, or first responders, greater self-compassion is associated with greater compassion satisfaction (the positive feelings experienced from one's work), as well as less caregiver fatigue burnout and stress (e.g. Babenko et al. 2019; Kotera et al. 2021; McDonald et al. 2021). Far from being selfish, giving oneself compassion provides the emotional resources needed to care for others.

Self-Compassion Enhances Rather than Undermines Motivation

The most common block to self-compassion is the belief that it will undermine the motivation to improve. In fact, self-compassion is an important source of motivation that stems from care and the desire for the self's wellbeing rather than fear of inadequacy. Instead of harsh

self-criticism, self-compassion uses warmth, encouragement, and constructive feedback to work toward personal goals. Self-compassion is negatively related to maladaptive perfectionism (excessive concern over mistakes) but is positively associated with high performance standards and personal initiative (Dundas et al. 2017; Suh & Chong, 2021). Self-compassionate people aim high and try hard but also recognize and accept that they can't always reach their targets. Research (e.g., Neff et al. 2005) indicates that self-compassion is positively associated with mastery goals (the intrinsic motivation to learn and grow) and negatively associated with performance goals (the desire to enhance one's self-image). Self-compassionate people are motivated to achieve, but for intrinsic reasons, not because they want to garner social approval. This supportive stance also is linked to greater self-confidence, a key ingredient to successful motivation. A meta-analysis by Liao and colleagues (2021) of sixty studies found a positive association between self-compassion and self-efficacy with a medium effect size. Self-compassion is also linked to a growth mindset, the belief that one can become more intelligent with effort. Zhang et al. (2021) found that self-compassion undergraduates in a statistics course believed they could increase their intelligence, and this in turn led to decreased statistics anxiety and improved course grades.

Self-compassionate motivation avoids the negative consequences that can be caused by attempting to motivate oneself with self-criticism. Self-compassionate people have less anxiety and engage in fewer self-handicapping behaviors such as procrastination than those who are self-critical (Sirois et al. 2019). Hope and colleagues (2014) conducted a longitudinal study that examined the impact of incoming college freshmen's self-compassion on their reactions to thwarted goal progress over their first school year. They found that higher levels of self-compassion predicted lower levels of negative affect on days when goals weren't achieved. They

also found that self-compassionate students were more concerned with whether their goals were personally meaningful than with goal success. Thus, self-compassion appears to help individuals relate to goals wisely, with less attachment to outcomes.

Self-compassion facilitates the ability to learn from failure rather than being debilitated by it. Miyagawa et al. (2020) found that after controlling for self-esteem, trait self-compassion correlated positively with the belief that failures are learning opportunities and part of life, and negatively with the belief that failures are something that must be avoided. They also found that experimentally inducing a self-compassionate response to a perceived weakness led to a stronger belief that failures were learning opportunities compared to controls. Research indicates that self-compassionate people have less fear of failure, and when they do fail, they're more likely to try again (Neely et al. 2009).

Self-compassionate motivation is effective. A series of studies by Zhang and Chen (2016) found self-compassion predicted greater self-reported and observer-rated personal improvement after making mistakes. Breines and Chen (2012) gave undergraduates a difficult vocabulary test that they all did poorly on. One group of students were told to be self-compassionate about the failure, another was given a self-esteem boost, and one was given no instructions. The students were given the opportunity to study for a second test, and those who were compassionate toward their prior failure spent more time studying than those in the other two conditions. Moreover, study time was linked to test performance. A dissertation study I co-supervised by Ashley Kuchar (2022) developed a self-compassion training for NCAA athletic teams and found that it not only enhanced wellbeing but also improved self-rated and coach-rated athletic performance.

Research suggests that self-compassion increases the motivation to take personal responsibility for one's actions. For instance, Breines and Chen (2012) asked participants to

recall a recent action they felt guilty about (e.g., cheating on an exam, lying to a romantic partner, saying something harmful) that *still* made them feel bad about themselves when they thought about it. Participants who were helped to be self-compassionate about their recent transgression reported being more motivated to apologize for the harm done and more committed to not repeating the behavior than controls. A similar study examined the link between students' self-compassion and acceptance of their own moral transgressions in two cultures—China and the United States (Wang et al. 2017). Results indicated that in both cultures, increased self-compassion was linked to a lessened tendency to be accepting of actions such as stealing or plagiarism, or else displaying selfish behavior in a game task. So, while self-compassion increases acceptance of the self, it does not result in accepting bad behavior.

Self-Compassion Interventions

Self-compassion isn't just a fixed personality trait, it's a skill that can be learned and practiced. This is true for individuals in both clinical and non-clinical populations. Ferrari and colleagues (2019) conducted a meta-analysis of 27 randomized controlled trials (RCTs) of self-compassion interventions (many of which were short-term) and found increases in self-compassion and reductions in psychopathology with medium to large effect sizes. Kirby et al. (2017) conducted a meta-analysis of 21 randomized controlled trials of longer-term interventions and found significant increases in self-compassion, compassion for others, mindfulness, life satisfaction and happiness, as well as significant decreases in depression, anxiety, psychological distress with medium to large effect sizes. These results held for RCTs using both active and waitlist control groups.

One of the most common forms of self-compassion intervention is therapy. Helping clients to take a kinder and less judgmental approach to their suffering is a central goal of

psychotherapy regardless of theoretical orientation and appears to be a key mechanism of

therapeutic action (Galili-Weinstock et al. 2020). For instance, Schanche et al. (2011) found that

both Cognitive Therapy and short-term Dynamic Psychotherapy increased self-compassion

among individuals with Cluster C personality disorders and found that increases in self-

compassion from early to late in therapy significantly predicted decreases in psychiatric

symptoms, interpersonal problems, and personality pathology. An interesting question concerns

the directionality of the link between self-compassion and psychopathology over the course of

therapy. Krieger et al. (2016) used cross-lagged time analyses to examine the directionality of the

link between self-compassion and depressive episodes in outpatients undergoing Cognitive-

Behavioral Therapy; this link was assessed directly after therapy, as well as 6 and 12 months

later. They found that increases in SCS scores predicted reduced depressive symptoms later, but

that depressive symptoms did not predict subsequent levels of self-compassion, suggesting a

causal role for self-compassion in reducing psychopathology.

Compassion Focused Therapy

One popular therapeutic approach that is specifically designed to increase self-

compassion is Compassion-Focused Therapy (CFT; Gilbert 2010). CFT is based on evolutionary

psychology, cognitive-behavioral therapy, and Tibetan Buddhist psychology and was originally

developed for clinical populations with high shame and self-criticism (Gilbert & Proctor, 2006).

CFT increases clients' awareness and understanding of automatic emotional reactions such as

self-criticism that have evolved in humans over time, and of how these patterns are often

reinforced in early childhood. The key principles of CFT involve helping people to extend

warmth and understanding toward themselves; motivating them to care for their own well-being;

and helping them to become sensitive to their own needs, tolerate personal distress, and reduce

tendencies toward self-judgment. Although CFT is a type of individual therapy, it is sometimes

taught in a time-limited group therapy format, which can vary in length from 4 to 16 weeks

(Gilbert, 2010). CFT has extensive empirical support for its efficacy (see Craig et al. 2020 and

Kirby, 2017 for reviews). Research suggests that CFT is effective at increasing self-compassion

and treating individuals with a wide variety of clinical conditions such as eating disorders, social

anxiety, persistent pain and schizophrenia (Wilson et al. 2020).

Mindful Self-Compassion

In contrast to CFT, which is designed for clinical populations, around ten years ago my

colleague Chris Germer and I developed a self-compassion training course for non-clinical

populations called Mindful Self-Compassion (MSC; Germer & Neff, 2019). This eight-week

program (2.5 hour sessions each week plus a half day retreat) is intended to help individuals

develop greater compassion for self and others, while enhancing mindfulness as a foundation for

self-compassion. It includes written exercises, meditations, and informal practices designed to be

used in daily life. The first study of MSC we conducted (Neff & Germer, 2013) found that

participation in MSC led to significant increases in self-compassion, mindfulness, compassion

for others, and life satisfaction, and decreases in depression, anxiety, stress, and emotional

avoidance compared to a wait-list control group. All gains were maintained at six months and

one-year follow-up, suggesting that the skills learned in MSC are sustained over time. We found

that how much time participants spent practicing self-compassion was linked to increased SCS

scores. Interestingly, we also found that found that informal practices such as putting one's hand

on one's heart and speaking kindly to oneself in times of struggle were just as impactful in

learning self-compassion as formal meditation practice, suggesting that meditation is not

necessary to learn the skill.

There have been additional RCTs of MSC. For instance, Jiménez-Gómez et al. (2022)

examined MSC and Mindfulness-Based Stress Reduction (MBSR) among psychologist trainees.

They found both MSC and MBSR significantly increased mindfulness and decreased anxiety

compared to a control group, although MSC was more effective than MBSR in increasing self-

compassion. This is not surprising given the explicit focus on self-compassion in MSC. Torrijos-

Zarcero and colleagues (2022) conducted an RCT that compared the effectiveness of MSC and

CBT among individuals with chronic pain. They found that MSC was more effective than CBT

in terms of self-compassion, pain acceptance, pain interference, catastrophizing and anxiety.

Friis et al. (2016) examined MSC in diabetes patients and found they reported reduced

depression and diabetes-related distress compared to a waitlist control group and also had

clinically meaningful reductions in blood sugar levels. This reinforces the idea that self-

compassion has benefits for both for physical and psychological wellbeing.

There have been several uncontrolled studies of MSC which, although not as rigorous as

RCTs, are informative about the types of populations for which MSC is effective. Serpa et al.

(2020) examined the efficacy of MSC for veterans and found significant increases in self-

compassion and happiness as well as significant decreases in depression, anxiety, pain

interference and use of pain medications. Delaney (2018) examined MSC among nurses and

found participation in the program increased self-compassion, compassion for others,

mindfulness, resilience and compassion satisfaction while decreasing secondary trauma and

burnout. A study of MSC in China (Yeung et al. 2021) found significant improvements in self-

compassion, compassion for others, mindfulness, happiness and satisfaction with life as well as

reduced fear of self-compassion, depression, anxiety, and stress. The MSC program appears to

be effective for increasing self-compassion and well-being in both Western and non-Western

populations.

Karen Bluth and her colleagues adapted MSC for teens (MSC-T; Bluth et al. 2016). MSC-T is a developmentally appropriate program that includes more hands-on activities that encourage participants' self-discovery of self-compassion. They found that participation in MSC-T increased self-compassion, mindfulness, and life satisfaction and decreased depression, anxiety, perceived stress and negative affect. Campo and colleagues (2017) conducted MSC-T online with young cancer survivors, and found significant increases in self-compassion, mindfulness, improved body image, posttraumatic growth, and decreases in social isolation, anxiety, and depression. Bluth et al. (2021) taught MSC-T to transgender teens and found it significantly increased self-compassion, mindfulness, resilience and life satisfaction and decreased depression, anxiety, and feelings of rejection by others. These findings are encouraging and suggest that it is possible to teach the skills of self-compassion at an early age, potentially altering the developmental trajectory of youths in a way that could produce benefits over a lifetime.

We have recently created a brief adaptation of MSC for healthcare professionals called Self-Compassion for Healthcare Communities (SCHC; Neff et al. 2020). This six-week, one hour per week training was designed to fit in with the busy and stressful life of healthcare workers. It doesn't include meditation but relies on informal practices that can be done during the workday. We examined SCHC among participants at a children's hospital and found that compared to a waitlist control group, SCHC significantly increased self-compassion, mindfulness, compassion for others, and compassion satisfaction and decreased stress. We also found that the program significantly reduced secondary traumatic stress and burnout. Because of the efficacy of this low-dose training, we are working on developing brief MSC adaptations for

other populations such as teachers, parents, couples and business leaders.

Issues, Limitations and Future Directions in the Field of Self-Compassion Research

The field of self-compassion studies has come a long way over the last two decades both in terms of understanding how to empirically examine self-compassion, assess its benefits, and teach people how to be more self-compassionate. There is still a long way for the field to go, however. In this section I will discuss what I perceive to be problematic issues in the field as well as limitations and directions for future research.

The Differential Effects Fallacy

One problematic trend in research on self-compassion concerns what I have termed the "differential effects fallacy" (Neff, 2022). Because some psychometric studies (e.g., Brenner et al. 2017; Costa et al. 2015) have found that SCS subscales representing CS and UCS form two separate factors using CFA, researchers are increasingly conducting research on self-compassion using two separate CS and UCS scores rather than a total SCS score. It has been found that UCS and CS display different strengths of association with outcomes such as psychopathology (Muris & Petrocchi, 2017), distress and wellbeing (Brenner et al, 2018), life satisfaction (Charzyńska et al. 2020), eating disorders (Bicaker & Racine, 2022) and so on.

Muris and colleagues (e.g., Muris, Otgaar & Petrocchi, 2016; Muris & Otgaar, 2020) have argued that this pattern of findings mean that CS and UCS are orthogonal, independent constructs that should be examined separately and that use of a total SCS score is invalid. These conclusions are presumed to be self-evident: Muris and Otgaar (2020) wrote "there is irrefutable proof that the current conceptualization of self-compassion and the way this trait is currently assessed with the SCS are inappropriate" (p. 1479) and that research on self-compassion as a unitary construct is "conducted by human beings who do not always operate in a logical, rational

way but rather are driven by personal interests, cognitive biases, and social influences" (p. 1476).

Clearly, I disagree. The construct of self-compassion forms a bipolar continuum ranging from UCS to CS. There is no known logical, scientific, or psychometric principle that supports the claim that variation at opposite ends of a bipolar continuum must have the same strength of association with outcomes in order to be examined as a unitary construct. It is common for this to occur in fact: variation in cold predicts frostbite more than warmth, and variation in warmth predicts heatstroke more than cold. This does not invalidate the construct of temperature.

Rather than simply interpreting these findings as illustrating the mechanisms of action of self-compassion (e.g., that variation at one end of the continuum more strongly impacts outcomes than variation at the other end), study authors who find CS and UCS differentially predict outcomes typically assume these findings mean that the SCS must be used as two scores rather than one. Moreover, even though these studies have largely been based on cross-sectional data, they often conclude that findings have important clinical implications and suggest that UCS and CS should be targeted separately in intervention.

The growing trend of separating the SCS into two separate factors is problematic for several reasons. First, psychometric studies using appropriate methods for multidimensional constructs such as bifactor ESEM (Neff et al. 2019) find that factor loadings of SCS items do not support two distinct CS and UCS factors. The fact that 95% of the variance in SCS item responding can be explained by a single general factor also argues for the use of a total score. Another problem is that if scholars use each half of the SCS separately it greatly reduces the variance that is measured in self-compassion. It is good psychometric practice to include items that describe the full range of possible response options along a continuum in order to maximize observed variance (Tay & Jebb, 2018). Studies that only use CS items to examine the association

between self-compassion and psychopathology under the mistaken assumption that self-compassion does not involve reduced UCS, for instance, might assume that self-compassion is not that relevant to coping with distress. Results would be misleading because effect sizes found for self-compassion would appear smaller than they really are (Ferrari et al. 2019).

In addition, the advice given by some researchers to target CS and UCS in intervention separately doesn't make sense given that they change in tandem. The meta-analysis of self-compassion conducted by Ferrari et al. (2019) found that all six subscales of the SCS change simultaneously as a result of training. In our initial study of MSC (Neff & Germer, 2013), we found self-kindness increased 36% and self-judgment decreased 32%; common humanity increased 34% percent and isolation decreased 35%; mindfulness increased 21% and over-identification decreased 33% (Neff, 2016). Change in state SCS scores have even more relevance to examining self-compassion as a construct because it measures responses to a single situation as opposed to different situations over time (Neff et al. 2021b). Miyagawa et al. (2022) examined change in state self-compassion after a mood induction in a Japanese sample and found self-kindness increased 30% and self-judgment decreased 28%, common humanity increased 24% and isolation decreased 31%, and mindfulness increased 24% while over-identification decreased 29%. Mantzios et al. (2020) examined the effect of targeting state CS and UCS separately through an experimental manipulation. Participants were assigned to a brief intervention that either asked them to relate to a difficulty they were having with kindness, a sense of common humanity and mindfulness (increasing CS), or else they were asked to relate to the difficulty without judgment, a sense of isolation or over-identification (reducing UCS). Total levels of state self-compassion increased for both groups equally.

Self-compassion represents movement along a continuum away from UCS toward CS.

The result of being more compassionate is being less uncompassionate. This is the foundation on which therapies such as CFT and intervention programs such as MSC are based. The fact that CS and UCS differentially predict outcomes, though interesting, has limited practical implications for intervention with one exception. It may be important for the establishment of clinical cut off scores for clinicians who plan to use self-compassion as a diagnostic tool.

Norms and Clinical Cut off Scores

The fact that UCS is a stronger predictor of psychopathology than CS suggest that it may not be as useful to focus on increasing CS when treating outcomes such as anxiety and depression after a certain reduction in UCS has been reached. At the same time, it may be that continuing to increase CS even after UCS levels have been sufficiently reduced may yield continued mental health benefits, especially in terms of preventing relapse. It would be useful to know what level of self-compassion predicts vulnerability to psychopathology and what level is necessary to protect against psychopathology. The SCS was designed for non-clinical populations and therefore clinical cut off scores have not been established. This is a gap in the field that would be useful to address. The question of whether the establishment of clinical norms is best done with a total score, the six subscale scores, or even a separate CS and USC score is yet to be answered.

Even though many therapists use the SCS with their clients, we don't really know what levels of self-compassion count as clinically significant or even what counts as low, medium or high compared to establish norms. I was involved in a small study that tried to establish norms for the self-compassion scores of college students seeking therapy (Lockard et al. 2014). We found that self-compassion scores were lower in this population compared to students not seeking therapy, and that students with prior counseling experience had lower levels of self-

compassion than those seeking help for the first time (though it was not clear if this was due to the severity of presenting problems or not.). This was an important first step, but as far as I am aware there have been no studies attempting to establish norms or the clinical significance of SCS scores since this study was published. There have been thousands of studies of self-compassion in both clinical and non-clinical populations, and if a large culturally diverse dataset were to be assembled it might be possible to obtain values that clinicians could meaningfully interpret. At the same time, given that the SCS is currently being revised, it may be wise to establish these norms using the improved measure.

The Specificity of Self-Compassion

Another limitation in the field of self-compassion research is that most studies are conducted using trait measures of self-compassion. In order to understand how self-compassion works to reduce suffering, however, it would be useful to conduct more research with state measures such as the S-SCS (Neff et al. 2021b) and examine how self-compassion operates in real time. There is a lot of noise in the trait SCS because it generalizes across situations, and use of the state measure allows for a more precise analysis of what happens when individuals relate to a current, specific situation with compassion. For instance, our lab is conducting a study using the S-SCS and the self-compassion mood induction we developed (Neff et al. 2021b) to examine how the various elements of self-compassion impact positive and negative affect (Neff et al. in preparation). We asked a sample of undergraduates to think of a current difficulty. We then asked them to write mindfully about the feelings evoked by the difficulty, to consider the common humanity of the difficulty, to write with kindness and a supportive attitude, then to reflect on what they had written. We found that total self-compassion levels increased and were linked to increased positive affect (r = .40) and decreased negative affect (r = -.32). When all six

subscales were entered simultaneously into a regression equation, however, findings were more complex. We found that reductions in over-identification were associated with less negative affect (r = -.16) but also less positive affect (-.13). This may be because in the moment, over-identification tends to exaggerate both positive and negative emotions. We also found that changes in self-kindness and self-judgment were equally strong predictors of change in positive and negative affect, indicating that that these components do not merely represent positive and negative mood. These sorts of nuanced findings will eventually allow researchers to understand the complexity of how self-compassion works in greater depth.

In addition, we need to better understand how self-compassion operates in different contexts. Zuroff and colleagues (2021) created a domain-specific version of the SCS-SF that assessed trait levels of self-compassion in eight domains: Academic or Job Performance, Friendships, Physical Appearance, Family Relationships, Finances, Relationships at School/Workplace, Health, and Romantic Relationships. They found that individuals' self-compassion levels were not consistent across domains. It would be useful to examine whether the application of self-compassion also differs according to whether the cause of suffering is perceived to be internal or external. In situations where the cause is external, like being rear-ended by a car in traffic, it may be that people are more likely to give themselves compassion than in situations where the cause is internal, like rear-ending someone else with *your* car. Understanding how self-compassion interacts with the perceived source of suffering may help clinicians better understand how to help people adopt a more self-supportive stance.

Socio-Cultural Differences in Self-Compassion

Finally, I feel that the field would benefit from more research on how socio-cultural factors impact the level, functioning, and benefits of self-compassion. There has been little

research examining how factors such as race, ethnicity, or SES interact with self-compassion,

although there has been some research on culture, age, and gender differences. One of the

earliest studies my lab conducted focused on self-compassion levels among college students

from the United States, Thailand, and Taiwan (Neff et al. 2008). Thai participants scored the

highest, Taiwanese the lowest, with Americans falling in between. Results were interpreted as

being due to the influence of Buddhism in Thai culture which tends to promote self-compassion,

and the influence of Confucianism in Taiwanese culture which tends to promote self-criticism as

a means of achievement (Heine, 2003). We recently examined the psychometric properties of the

SCS in multiple countries and compared latent mean levels of self-compassion across samples

(Tóth-Király & Neff, 2021). For community adults, it was found that Spanish, Italian,

Hungarian, Brazilian, and Australian participants had the highest level of self-compassion, those

from the UK, France and Greece tended to have the lowest levels, with Americans and Germans

in between. Among undergraduates, Korean students reported the highest level of self-

compassion. This was somewhat surprising, given the influence of Confucianism in Korea as in

Taiwan (Heine, 2003). These seemingly contradictory findings indicate that caution should be

used in interpreting results given that they may have been sample-specific, and a great deal more

research will be needed to determine if findings replicate.

Chio et al. (2021) conducted an interesting meta-analysis of data from 27 cultures which

examined whether dialectical thinking might impact the experience of self-compassion. People in

dialectical cultures (e.g., China, Japan) are thought to more often experience positive and

negative emotions simultaneously because they accept the ambivalence of things. The study

authors found that the correlation between CS and UCS was lower in dialectical cultures.

However, they used data with the trait SCS, and two factors cannot be clearly distinguished with

the trait SCS. Also, Miyagawa et al.'s (2022) findings with state self-compassion suggest that UCS and CS are not experienced simultaneously when considering a particular instance of suffering. Clearly more research will be needed to fully understand these findings.

Gender differences in self-compassion have also been examined. We conducted a meta-analysis of 88 study samples which showed that men reported slightly higher levels of self-compassion than women with a small effect size (Yarnell et al. 2015). This finding may be linked to the fact that women tend to internalize negative emotions more than men (Leadbeater et al. 1999). However, these differences do not appear to be a function of biological sex but rather of gender role socialization: Sex differences were found to be insignificant once gender role orientation is taken into account (Yarnell et al. 2018). Self-compassion involves meeting one's needs in order to alleviate suffering, and female gender norms of self-sacrifice work against this process while male gender norms of entitlement encourage it. There is much more research to be done on how power inequality, marginalization, and other social factors may interact with the development and application of self-compassion.

Research suggests that people tend to become more self-compassionate as they get older (Neff & Pommier, 2013; Neff & Vonk, 2009). Lee et al. (2021) examined self-compassion levels over a five-to-seven year timespan in a large community sample and found that self-compassion peaked around 77. The increasing wisdom, life satisfaction and self-acceptance often experienced by the elderly (Ardelt, 1997) is probably bi-directionally related to increasing self-compassion with age. The wisdom that comes from maturity and experience allows for a kinder and more balanced stance toward oneself that recognizes that shared nature of human suffering, just as the ability to relate to life difficulties and personal imperfection with compassion enhances life satisfaction and acceptance.

Conclusion

Self-compassion is not just a good idea, it's something you can do. Why do scholars like me care so much about this construct? Because it's a powerful way to alleviate suffering that is accessible to anyone at any moment. It can be learned and practiced. And it's not rocket science. It simply requires taking the skill learned over the years of being compassionate to others and doing a U-turn. The thousands of studies that have been done on self-compassion have played an important cultural role in helping people overcome their fears of self-compassion – that it's soft and weak, selfish, self-indulgent, or will undermine motivation. This is a huge contribution in and of itself. The finer details of how, when, for who and in what situations self-compassion operates are currently being explored, and there is still much to discover. To my mind, what's most important is that people are more aware now (compared to twenty years ago) of how to relate to their difficulties in a healthy way that makes a real difference. The pedagogy of teaching self-compassion is well established (Germer & Neff, 2019; Gilbert, 2010) and self-compassion training is available worldwide through nonprofit organizations such as the Center for Mindful Self-Compassion (CenterforMSC.org). This means that researchers interested in studying self-compassion can take self-compassion training and understand it from a first-person experiential as well as third-person objective perspective (something I strongly encourage). Although the term begins with "self," self-compassion is a way of reducing the felt separation between individuals and shows promise for helping to engender a happier and more compassionate world for all.

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