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Self-Compassion

His Holiness the Dalai Lama – “If you want others to be happy, practice compassion. If you want to be happy, practice compassion.”

Most people would probably agree that compassion is a virtue that should be cultivated. The Dalai Lama is one of the best-known faces of compassion in modern times - a hero worshipped by millions of people around the world for his caring, compassionate stance. In the West, compassion is mainly conceptualized in terms of compassion for others. As defined by Webster’s online dictionary, compassion is “the humane quality of understanding the suffering of others and wanting to do something about it.” In Eastern traditions such as Buddhism, however, it is considered equally important to offer compassion to the self (Brach, 2003; Salzberg, 1997). Recent research from a Western psychological perspective suggests that individuals vary on the personality trait of self-compassion, and numerous studies suggest that self-compassion is strongly linked to emotional well-being.

Neff (2003a, 2003b) has proposed that self-compassion involves three main components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. These components combine and mutually interact to create a self-compassionate frame of mind. Compassion can be extended towards the self when one’s suffering is not one’s own fault – when the external circumstances of life are painful and difficult to bear. Self-compassion is equally relevant, however, when suffering stems from one’s own foolish actions, failures, or personal inadequacies. Most people say they are less kind

toward and more harsh with themselves than they are with other people (Neff, 2003a). Self-compassionate individuals, however, say they are equally kind to themselves and others.

Self-kindness versus self-judgment. Self-kindness refers to the tendency to be caring and understanding with oneself rather than being harshly critical or judgmental. When noticing some disliked aspect of one's personality, for example, the flaw is treated gently, and the emotional tone of language used towards the self is soft and supportive. Rather than attacking and berating oneself for being inadequate, the self is offered warmth and unconditional acceptance (even though the particular personality feature may be identified as problematic and in need of change). Similarly, when life circumstances are difficult and painful, instead of merely "soldiering on" with an outward focus that tries to control or solve the problem, self-compassionate people turn inward to offer themselves soothing and comfort. Importantly, self-compassion involves being moved by one's own distress and so that the desire to heal and ameliorate one's suffering is experienced.

Common humanity versus isolation. A sense of common humanity involves recognizing that all humans are imperfect, that all people fail, make mistakes, and engage in unhealthy behaviors. Self-compassion connects one's own flawed condition to the shared human condition, so that features of the self are considered from a broad, inclusive perspective. In the same way, life difficulties and struggles are framed in light of the shared human experience, so that one feels connected to others when experiencing pain. Often, however, people feel isolated and cut off from others when considering their personal flaws, as if the failing were an aberration not shared by the rest of human-kind. Similarly, people often fall into the trap of believing they are the only ones struggling when they experience difficult life circumstances, and feel a sense of isolation and separation from other people who are presumably leading "normal" happy lives.

Mindfulness versus over-identification. Mindfulness involves being aware of present moment experience in a clear and balanced manner (Brown & Ryan, 2003), so that one neither ignores nor ruminates on disliked aspects of oneself or one's life. First, it is necessary to recognize that one is suffering in order to be able to extend compassion towards the self. While it might seem that personal suffering is blindingly obvious, many people actually don't pause to acknowledge their own pain when they are busy judging themselves or coping with life's challenges. Mindfulness involves a sort of stepping out of oneself, taking a meta-perspective on one's own experience so that it can be considered with greater objectivity and perspective. Thus, mindfulness enables a type of self-to-self relating in which one aspect of the self can give compassion to another aspect of the self. Mindfulness also prevents being swept up in and carried away by the story-line of one's own pain, a process that Neff (2003b) has term "over-identification." When caught up in this manner, one tends to ruminate and obsessively fixate on negative self-relevant thoughts and emotions, so that the mental space needed to be self-compassionate is unavailable.

It should be noted that other conceptualizations of self-compassion exist in the literature. Paul Gilbert views self-compassion through the lens of evolutionary psychology and especially attachment theory. Gilbert (1989, 2005) argues that self-compassion taps into an evolved mammalian physiological system guiding attachment and care-giving behavior. When accessed via external signals (other people's behavior) or internal signals (self-directed thoughts and emotions) of kindness and caring, individuals experience feelings of connectedness and soothing. In contrast, self-criticism taps into the threat-focused physiological systems of social ranking, which involve aggressive dominance and fearful submission (Gilbert, 1989; 2005). From this perspective, self-compassion involves an interdependent set of motives and competencies that

relate to prototypic caring: Concern for individuals' well-being, sensitivity to individuals' distress and needs, sympathy, distress tolerance, empathy, and non-judgment. These are called the compassion circle, and are directed towards others or to the self.

There is ample research demonstrating the self-compassion is linked to mental health. Much of this research has been conducted using the Self-Compassion Scale (Neff, 2003a), but researchers are also starting to use mood inductions or therapeutic interventions as a means of examining the impact of self-compassion on well-being (e.g., Gilbert & Proctor, 2006; Leary, Tate, Adams, Allen, & Hancock, 2007). In one of the first empirical studies to be conducted on self-compassion, Neff (2003a) found that higher levels of self-compassion as measured by the Self-Compassion Scale were associated with greater feelings of social connectedness and life satisfaction, important elements of a meaningful life. Greater self-compassion was also linked to less anxiety and depression, which is explainable in part by the lessened self-criticism associated with self-compassion. However, a significant negative association between self-compassion, anxiety and depression remained even after controlling for self-criticism, suggesting that the soothing qualities of self-compassion have unique buffering effects. Self-compassion was found to have a negative correlation with both rumination and thought suppression, which should be expected given that self-compassion requires taking a balanced approach to one's emotional experience – so that one neither runs away with or from one's feelings. Self-compassion was inversely associated with perfectionism, although self-compassionate individuals were just as likely to hold high standards for themselves. This implies that when ideal standards are not met, self-compassionate individuals remain psychologically resilient rather than berating themselves or obsessively fixating on their failings. The study found that self-compassion was moderately correlated with self-esteem, but that self-compassion still predicted emotional well-being when

controlling for self-esteem (theoretical and empirical differences between self-compassion and self-esteem will be discussed shortly.)

The mental health benefits provided by self-compassion were further evidenced in research by Neff, Kirkpatrick and Rude (2007). One study involved a mock interview task in which participants were asked to write their answer to a difficult interview question, “please describe your greatest weakness.” Individuals with higher levels of self-compassion experienced less anxiety after the task, perhaps because acknowledging their imperfections felt less threatening when considered in light of the shared human condition. In support of this interpretation, self-compassionate individuals tended to use more connected and less isolating language when writing about their weakness, using fewer first person singular pronouns such as “I”, using more first person plural pronouns such as “we,” and making more social references to friends, family, and other humans. The authors also conducted a study that tracked changes in self-compassion experienced by therapy clients over a one-month interval. Therapists used a Gestalt two-chair technique designed to help clients lessen self-criticism and have greater compassion for themselves (Greenberg, 1983; Safran, 1998). Results indicated that increased self-compassion levels over the month-long period (which were assessed under the guise of an unrelated study) were linked to increased feelings of social connectedness and decreased experiences of self-criticism, depression, rumination, thought suppression, and anxiety.

One of the greatest gifts of self-compassion is that it provides emotional resilience when considering problems with one’s life or oneself. A recent series of studies by Leary et al. (2007) investigated the way that self-compassionate people deal with negative self-relevant thoughts or life events using a variety of research methodologies. One study employed experience sampling techniques, and asked participants to report about problems they experienced over a 20-day

period. Individuals with higher levels of self-compassion had more perspective on their problems and were less likely to feel isolated by them. For example, they were more likely to feel that their struggles weren't any worse than what lots of other people go through, and were less likely to think that their lives were more "screwed up" than those of others. They also experienced less anxiety and self-consciousness when thinking about their problems. Another study examined individual's reactions to a mildly awkward and embarrassing task – being videotaped while looking into a camera and making-up a children's story that began "Once upon a time there was a little bear." Individuals who were high in self-compassion rated their tape more favorably and felt better while watching their tape than those who were low in self-compassion. Interestingly, self-compassionate individuals rated how they appeared on the tape (e.g., awkward, competent, attractive, nervous) in a similar way as objective observers. This suggests self-compassionate individuals did not display the type of self-enhancement bias often associated with high self-esteem (Robins & Beer, 2001).

Self-compassionate people have been shown to possess many of the psychological strengths associated with the positive psychology movement (Seligman & Csikzentmihalyi, 2000) such as happiness, optimism, wisdom, curiosity and exploration, personal initiative, and positive affect (Neff, Rude, & Kirkpatrick, 2007). Although self-compassion is associated with positive affect, however, it is not merely a form of "positive thinking." Rather, self-compassion refers to the ability to hold difficult negative emotions in non-judgmental awareness without having to suppress or deny negative aspects of one's experience. For instance, self-compassionate individuals do *not* use fewer negative emotion words when describing personal weaknesses, they are just less anxious when considering their weaknesses (Neff, Kirkpatrick, & Rude, 2007). Self-compassion is linked to various aspects of emotional intelligence – greater

emotional coping skills, clarity of feelings and the ability to repair negative emotional states (Neff, 2003a). Presumably, the ability to be aware of and compassionate towards negative experiences allows for them to be processed more efficiently so that they do not impinge on positive feeling states like happiness or optimism.

People often express concerns about the possible downsides of self-compassion - they worry that if they are too self-compassionate, they will become passive and self-indulgent and let themselves get away with anything (Neff, 2003b). This does not appear to be the case, however. Self-compassion involves the desire for the self's health and well-being, and is associated with greater personal initiative to make needed changes in one's life (Neff, Rude, & Kirkpatrick, 2007). Because self-compassionate individuals do not berate themselves when they fail, they are more able to take on new challenges. The type of motivation associated with self-compassion, moreover, comes from internal rather than external sources.

In a study of self-compassion and learning goals, Neff, Hseih and Dejithirat (2005) found that compassion for the self was associated with mastery rather than performance goals. Students with a mastery orientation towards learning are intrinsically motivated by curiosity and the desire to learn new skills, and tend to view the making of mistakes as a part of the learning process. Students with a performance orientation, on the other hand, are extrinsically motivated to succeed as a means of defending or enhancing their sense of self-worth, and tend to fear failure (Ames & Archer, 1987; Dweck, 1986). Neff et al. (2005) demonstrated that self-compassion is positively associated with mastery goals and negatively associated with performance goals, a relationship that is mediated by the lesser fear of failure and greater perceived competence of self-compassionate individuals (which is likely related to lessened self-criticism). They also examined the reactions of students who had recently failed a midterm exam,

and found that self-compassionate individuals were more able to cope with and accept their failure as a learning experience. Rather than being complacent and merely accepting the status quo, it appears that self-compassion enables people to grow from their failures because they don't interpret failure as an indictment of their self-worth.

Because people with self-compassion care about themselves, they *want* to engage in healthy behaviors. They don't need to motivate themselves by fear of self-punishment or the judgments of others, their motivation stems from the intrinsic desire for well-being. Support for this proposition comes from a study which examined adult women's goals for exercising (Magnus, 2007). Results indicated that women with higher levels of self-compassion had greater intrinsic rather than extrinsic motivation to exercise, and that their goals for exercising were less related to ego-concerns. Women with higher levels of self-compassion also reported feeling more comfortable with their bodies, and had less anxiety regarding social evaluations of their physique.

Self-compassion may help people learn to deal with the intense pressures to be thin and attractive in Western society, while still promoting healthy eating patterns. One recent study investigated whether inducing a state of self-compassion attenuates certain disordered eating behaviors. Highly restrictive eaters (i.e., dieters) often display a paradoxical tendency – if they break their diet and eat high calorie foods, they tend to eat even more afterwards (a process known as the disinhibition effect). Heatherton and Polivy (1990) argue that this pattern of overeating is an attempt to reduce the negative affect associated with the lapse of a desired goal. Adams and Leary (in press) asked college women to eat an unhealthy food (a donut) as part of an experiment, and were either induced to think self-compassionately about eating the donut or else were given no intervention. Participants were then given the opportunity to eat as much candy as

they wanted while unobserved. Results showed that the self-compassion induction reduced negative affect and attenuated the amount of post-donut candy eaten among highly restrictive eaters (who displayed similar patterns as non-dieters). In contrast, highly restrictive eaters in the control condition ate more candy afterwards. Again, having compassion for mistakes and failures allows such lapses to be taken less personally (in other words, they do not define the self as “bad” or “unworthy”). Thus, self-compassionate individuals are able to emotionally recover from transgressions more quickly.

While there is a fair amount of evidence that self-compassion psychologically benefits the self, there are also some indications that self-compassion benefits others within interpersonal relationships. In a study of heterosexual couples (Neff, 2006), self-compassionate individuals were described by their partners as being more emotionally connected, accepting and autonomy-supporting while being less detached, controlling, and verbally or physically aggressive. Self-compassion was also associated with more relationship satisfaction (as reported by oneself and one’s partner) and greater attachment security. Because self-compassionate people give themselves caring, understanding and support they appear to have more emotional resources available to give to their romantic partners. Also, the ability to admit mistakes without ego-defensiveness means that self-compassionate people may have less need to project their faults onto partners via angry accusations (Feldman & Gowen, 1998).

An exciting area of research concerns the application of self-compassion in clinical settings. Gilbert and Procter (2006) have developed a group-based therapy intervention called “Compassionate Mind Training” (CMT). The model is designed to help people develop skills of self-compassion, especially when their more habitual form of self-to-self relating involves self-attacking. In a pilot study of CMT among patients in a hospital day treatment program for

people suffering from intense shame and self-criticism, individuals were led through weekly two-hour CMT sessions for 12 weeks. Participants were instructed about the qualities involved in self-compassion (e.g., developing empathy for one's own distress), explored their fears of being too self-compassionate (e.g., it makes me feel vulnerable), and were helped to understand their own self-critical tendencies without judgment. Participants were also invited to create an ideal image of caring and compassion, a figure embodying qualities of wisdom, strength, warmth and non-judgmental acceptance. The training resulted in significant pre-post changes in depression, self-attacking, feelings of inferiority, submissive behavior and shame. Moreover, almost all of the participants felt ready to be discharged from their hospital day program at the end of the study. This demonstration of the healing qualities of self-compassion in a real-life setting provides strong support for the link between self-compassion and mental well-being.

Self-compassion versus self-esteem. Interest in self-compassion has been spurred by the observation that self-compassion is associated with many of the benefits of high self-esteem, while having fewer of the downsides associated with self-esteem pursuit. For decades, global self-esteem was seen to be practically equivalent to good mental health (Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). But it is becoming clear that people sometimes engage in dysfunctional behaviors in order to obtain a sense of high self-worth (for reviews, see Blaine & Crocker, 1993; Crocker & Park, 2004). People who are highly invested in having high self-esteem often display narcissistic tendencies (Morf & Rhodewalt, 2001), a maladaptive pattern that causes interpersonal problems (Campbell & Baumeister, 2001). Those wanting to maintain high self-esteem sometimes trivialize personal failings or blame them on external causes, hindering their ability to grow and change (Sedikides, 1993). Other ways to protect high self-esteem involve becoming angry towards those who threaten the ego (Baumeister, Smart, &

Boden, 1996), or engaging in downward social comparisons (Fein & Spencer, 1997). The motivation to protect feelings of self-worth can also lead to a type of close-mindedness known as “need for cognitive closure” (Jost, Glaser, Kruglanski, & Sulloway, 2003; Tavis, 2000), in which alternative viewpoints are not tolerated.

Because global self-esteem rests in part on evaluations of self-worth in various life domains, high self-esteem is often contingent on particular outcomes (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). This means that self-esteem can fluctuate up and down according to particular circumstances. Even though trait levels of global self-esteem tend to remain relatively constant over time, state feelings of self-worth may be highly unstable and change quite frequently (Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000). In fact, individuals with high levels of competence may be most vulnerable to experiencing drops in state self-esteem (Crocker & Park, 2004), since they have more opportunities to fall short of their personal standards (e.g., the A student who receives a B+ on an exam). As the Hollywood saying goes, you’re only as good as your latest success (at least when viewing the world through the lens of self-esteem).

Research indicates that trait levels of self-esteem and self-compassion are moderately correlated (Neff, 2003a). This is unsurprising given that both constructs represent a positive emotional stance towards the self. Similarly, self-esteem and self-compassion are both associated with emotional well-being – for instance, less anxiety and depression, as well as more happiness, optimism, and life satisfaction. Unlike self-esteem, however, the healthy states of mind associated with self-compassion do not stem from positive evaluations of the self, on meeting set standards, or on favorable comparisons with others. Rather, they stem from recognizing the need to be kind to oneself in instances of suffering and framing one’s experience in light of the shared

human experience – fragile and imperfect as it is. Thus, self-compassion appears to provide emotional resilience over and above that attributable to self-esteem.

For example, when controlling for self-esteem, self-compassion is still a robust (negative) predictor of depression and anxiety (Neff, 2003a), and of happiness, optimism, and positive affect (Neff & Vonk, in press). The two constructs differ in important ways, moreover. While high self-esteem depends on successful performances and positive self-evaluations, self-compassion is relevant precisely when self-esteem tends to falter – when one fails or feels inadequate. Thus, self-compassion provides a way of dealing with negative life experiences that self-esteem can't provide. In the Neff et al. (2007) mock interview study asking people to describe their greatest weakness, for instance, self-compassion provided a buffer against anxiety while trait self-esteem did not.

Leary et al. (2007) found that when considering hypothetical scenarios involving failure or embarrassment (e.g., being responsible for losing an athletic competition for their team), participants with greater self-compassion reported less negative affect (e.g., sadness or humiliation) and more emotional equanimity (e.g., remaining calm and unflustered). In contrast, global levels of trait self-esteem predicted no variance in outcomes after controlling for self-compassion levels. In another study, participants were asked to give a brief introduction of themselves on video (describing interests, future plans, etc.), and were then given positive or negative feedback about the introduction that was ostensibly made by an observer. Participants' reactions to the feedback were then assessed, including their attributions for the observer's feedback. Individuals with low self-compassion gave defensive attributions – they were more likely to attribute the observer's feedback to their own personality when the feedback was positive rather than negative. High self-compassion individuals, however, were equally likely to

attribute the feedback to their personality regardless of whether the feedback was positive or negative. An opposite pattern was found for self-esteem. Low self-esteem individuals were equally likely to attribute the feedback to their personality when feedback was positive or negative, but high self-esteem participants were more likely to attribute the feedback to their own personality when the feedback was positive rather than negative. This suggests that self-compassion enables people to admit and accept that there are negative as well as positive aspects of their personality. The maintenance of high self-esteem is more dependent on positive self-evaluations, and therefore may lead to cognitive distortions in order to preserve positive self-views (Swann, 1996).

Leary et al. (2007) also compared self-compassion and self-esteem using mood inductions. Participants were instructed to recall a previous failure, rejection, or loss that made them feel badly about themselves, and were then asked a series of questions that assessed their feelings about the event. In the self-compassion condition, participants responded in writing to prompts designed to lead them to think about the negative event in ways that tapped into the three components of self-compassion - self-kindness, common humanity, and mindful acceptance. In the self-esteem condition, participants responded to prompts that were designed to protect or bolster their self-esteem - reminding them of their positive characteristics, and leading them to interpret the negative event in a way that did not reflect badly on themselves. Two types of control condition were also included – a standard control and a writing control in which participants were instructed to “really let go” and explore their deepest emotions as they wrote about the event. The latter condition was included because merely writing about negative events in a self-disclosing manner has been shown to reduce negative emotions (Pennebaker, Colder, & Sharp, 1990). Participants who received the self-compassion induction reported less

negative affect when thinking about the past event than those in the self-esteem or control conditions (ratings of how bad the event was did not differ across conditions). Similarly, those in the self-compassion condition took more personal responsibility for the event than those in the control conditions (and also the self-esteem condition, but this may have been an artifact of how self-esteem was induced.) Results from this study buttress the claim that self-compassion allows for the processing and acceptance of negative self-relevant emotions in a way that leads to greater emotional equanimity. It also suggests that self-compassion does not lead to complacency, since it allows people to take personal responsibility for their actions without the need to shield the truth from themselves in order to maintain positive self-affect.

A survey conducted with a large web-based community sample in the Netherlands (Neff & Vonk, in press) demonstrated that self-compassion was a stronger negative predictor of ego-reactivity than global self-esteem. Self-compassion predicted more stability in state feelings of self-worth over an eight month period (assessed 12 different times) than global self-esteem, which was *not* associated with self-esteem stability after accounting for self-compassion levels. Self-compassion was also negatively associated with general self-worth contingency as well as contingency on physical attractiveness or successful performances (global self-esteem was not). These findings indicate that the sense of self-worth associated with self-compassion is less likely to fluctuate according to external circumstances, perhaps because self-compassion does not depend upon personal success and positive self-judgments for its self-soothing qualities. Results also indicated that self-compassion was a stronger negative predictor of social comparison, public self-consciousness, self-rumination, anger and need for cognitive closure than global self-esteem. The one exception to this pattern was narcissism: self-esteem had a significant positive association with narcissism while self-compassion had no association with narcissism when

controlling for self-esteem levels. These findings suggest that self-compassion involves less intense self-evaluation and ego-defensiveness than self-esteem.

Gilbert and Irons (2005) suggest that self-compassion enhances well-being because it helps people feel a greater sense of interpersonal connection. They propose that self-compassion deactivates the threat system (associated with feelings of insecure attachment, defensiveness and the limbic system) and activates the self-soothing system (associated with feelings of secure attachment, safeness, and the oxytocin-opiate system). In contrast, self-esteem is thought to be an evaluation of superiority/inferiority that helps to establish social rank stability and is related to alerting, energizing impulses and dopamine activation (Gilbert & Irons, 2005). Self-compassion, therefore, enhances feelings of interconnectedness, while self-esteem positions the self in competition with others and amplifies feelings of distinctiveness and separation.

Self-compassion may be a useful alternative to the more ubiquitous construct of global self-esteem, offering an important source of positive self-regard that is relatively stable while being less ego-reactive. In fact, self-compassion may be an important source of the “optimal” or “true” self-esteem extolled by some theorists. Deci and Ryan (1995) have proposed that some people possess “true self-esteem,” a self-determined and autonomous way of evaluating oneself that is not dependent on particular outcomes or social approval. Similarly, Kernis (2003) has proposed the concept of “optimal self-esteem,” which is founded on stable and non-contingent self-evaluations. Self-compassion provides greater stability and non-contingency because its source is internal rather than external, and because it avoids processes of self-judgment and evaluation altogether. For this reason, self-compassion does not require feeling “above average” or superior to others, and provides emotional stability when confronting personal inadequacies.

Cross-cultural variations in self-compassion. There has been a small amount of research

exploring whether self-compassion levels differ across cultures. Neff, Pisitsungkagarn, and Hsieh (in press) examined self-compassion, independent and interdependent self-construal, and psychological well-being in Thailand, Taiwan, and the United States. Mean self-compassion levels were highest in Thailand and lowest in Taiwan, with the United States falling in between (all cultures differed significantly from one another, although within-culture variations in self-compassion were as great as between-culture variations). These cross-cultural differences may be explained by the fact that Thais are strongly influenced by Buddhism and the value of compassion is emphasized in parenting practices and everyday interactions in Thailand. In contrast, the Taiwanese are more influenced by Confucianism, and shame and self-criticism is more strongly emphasized as a means of parental and social control in Taiwan. Americans may have reported in-between self-compassion levels because the culture displays more mixed messages with regard to self-compassion (e.g., a strong emphasis on positive self-affect but also an isolating, competitive ethos.)

Interestingly, cross-cultural differences remained even when controlling for self-construal, suggesting that self-construal differences did not explain group differences in self-compassion. Self-construal theory has been used to argue that Asians are more self-critical than Westerners (Heine, Lehman, Markus, & Kitayama, 1999), which implies that they should also be less self-compassionate. It is proposed that people with an interdependent self-construal are more invested in conforming the self's behavior to the requirements of social relationships, so they criticize themselves in order to keep themselves in line. This did not appear to hold true for Thais, however, who had almost identical levels of interdependent self-construal as did Taiwanese. Moreover, the link between self-construal and self-compassion itself varied across cultures. Self-compassion was associated with interdependent self-construal in Thailand, but

independent self-construal in Taiwan and the United States. This suggests that the meaning of independence and interdependence may vary across cultures. Interdependence involves being deeply embedded in a particular social system. If that system promotes the value of self-compassion, as it does in Thailand, than being more interdependent with that system may promote self-compassion and decrease self-judgment. If the culture doesn't actively promote self-compassion, however, which appears to be the case in the Taiwan and the United States, being independent of the prevailing cultural ethos may facilitate the type of self-understanding and self-care required to be compassionate toward oneself. In all three cultures, however, greater self-compassion significantly predicted less depression and greater life-satisfaction, suggesting that there may be universal benefits to self-compassion despite cultural differences in its prevalence.

The origins of self-compassion. While there is evidence that self-compassion is associated with psychological well-being, and that individuals can be taught to be more self-compassionate, less is known about why people have greater or lesser levels of self-compassion in the first place. Some variation may be due to in-born personality traits. In an examination of self-compassion and the five personality traits of the NEO-FFI (Neff, Rude & Kirkpatrick, 2007), it was found that self-compassion had the strongest association with neuroticism, with greater self-compassion linked to significantly lower levels of neuroticism. This is perhaps unsurprising, given that the feelings of self-judgment, isolation, and ruminative emotional processing inherent in the *lack* of self-compassion are similar to those described by the neuroticism construct. Self-compassion was also positively associated with agreeableness, extroversion and conscientiousness (no association was found with openness to experience). The socially-oriented nature of people high in agreeableness and extroversion may help them to be

kind to themselves and take a broader human perspective on their negative experiences.

Similarly, being conscientious may help individuals to pay greater attention to their own needs, and to respond to difficult situations in a responsible and non-reactive manner. Of course, the directionality of the link between personality traits and self-compassion goes both ways, and it is also possible that developing greater self-compassion leads to healthier personality formation.

Early family experiences are also likely to play a key role in the development of self-compassion or lack thereof. Gilbert (2005) argues that self-compassion stems largely from the attachment system, so that individuals who are raised in safe, secure environments and who experience supportive and validating relationships with care-givers are more able to relate to themselves in a caring and compassionate manner. In contrast, individuals who are raised in insecure, stressful, or threatening environments and who experience constant criticism and aggression from caregivers, tend to self-critical rather than self-compassionate (Gilbert & Proctor, 2006). This occurs because individuals with insecure attachment relationships have an insufficiently developed self-soothing system and few internalized models of compassion to draw upon. Also, children may develop defense mechanisms of self-attacking because it is too risky to blame powerful others for their punitive or neglectful behavior. Recent data collected with a sample of adolescents and young adults supports these propositions. Neff and McGehee (2007) found that maternal criticism and stressful family relationships were negatively related to self-compassion among youths. Those who felt accepted and validated by their parents, on the other hand, reported having greater self-compassion. Secure attachment was positively associated with self-compassion, while preoccupied or fearful attachment was linked to lower levels of self-compassion, supporting the notion that attachment schemas play a role in the ability to be self-compassionate.

Summary and conclusions. Self-compassion is a relatively new construct in the field of personality and social psychology, but the data gathered so far suggests that the ability to be self-compassionate is linked to greater emotional resilience and psychological well-being. Self-compassionate people are less depressed and anxious, have better emotional coping skills, are less afraid of failure, are more intrinsically motivated to learn and grow, are happier, more curious and wise, and feel more connected to others. Importantly, these mental health benefits are not obtained through a process of judging or evaluating the self – by stuffing oneself into a box labeled “good” versus “bad.” This type of self-evaluation often requires comparing the self to others, with cognitive distortion being used to over-evaluate the self’s competencies and under-evaluate those of others (Taylor & Brown, 1988) The need to feel special and above average can lead to increased feelings of isolation and separation from fellow humans, and is counterproductive for feelings of interconnectedness. With self-compassion, however, the boundaries between self and other are softened. All human beings are worthy of compassion, the self included. Thus, self-compassion is a useful alternative to self-esteem when conceptualizing healthy forms of self-to-self relating. It provides similar mental health benefits to high self-esteem without being linked to the narcissism, social comparison, ego-defensiveness, or self-worth contingency and instability that has been associated with self-esteem pursuit (Crocker & Park, 2004).

Even if the quest for high self-esteem weren’t potentially problematic, it has proved difficult to raise people’s level of self-esteem in any case (Baumeister, Campbell, Krueger, & Vohs, 2003). This is partly because people with low self-esteem identify with their perceived lack of competence, and often prefer to verify and maintain their identity rather than engaging in the positive self-illusions that are common among those high in self-esteem (Swann, 1996). It

may be more possible to raise people's levels of self-compassion, given that it requires them to merely acknowledge and accept their human limitations with kindness, rather than changing their self-evaluations from negative to positive. Research demonstrates that self-compassion can be enhanced in the short or long term (Gilbert & Proctor, 2006; Leary et. al, 2007; Neff, Kirkpatrick, & Rude, 2007), suggesting that programs designed to increase self-compassion have a good chance of success. In fact, there is increasing interest in mindfulness-based interventions for their ability to reduce stress and improve mental health (Baer, 2003). Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982) is the best known of these interventions, and is aimed at the management of chronic pain and the treatment of stress disorders. MBSR is an effective and widely available eight-week program that is offered in hospitals, clinics, businesses, and campuses world-wide (Grossman, Niemann, Schmidt & Walach, 2004). Although MBSR training primarily focuses on teaching mindfulness skills, it also teaches meditation practices aimed at developing compassion for self and others, and has been shown to increase self-compassion among participants (Shapiro, Astin, Bishop, and Cordova, 2005; Shapiro, Brown, & Biegel, 2007). Future research should be aimed at determining if self-compassion can be successfully taught to children and adolescents in the schools, as it might provide youths with greater emotional resilience when facing the problems and difficulties of living a human life.

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