

Self-Compassion: What it is, what it does, and how it relates to mindfulness

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ABSTRACT

Over the past decade self-compassion has gained popularity as a related and complementary construct to mindfulness, and research on self-compassion is growing at an exponential rate. Self-compassion involves treating yourself with the same kindness, concern and support you'd show to a good friend. When faced with difficult life struggles, or confronting personal mistakes, failures, and inadequacies, self-compassion responds with kindness rather than harsh self-judgment, recognizing that imperfection is part of the shared human experience. In order to give oneself compassion, one must be able to turn toward, acknowledge, and accept that one is suffering, meaning that mindfulness is a core component of self-compassion. This chapter provides a comprehensive description of self-compassion and a review of the empirical literature supporting its psychological benefits. Similarities and distinctions between mindfulness and self-compassion are also explored, as these have important implications for research and intervention. This chapter hopes to provide a compelling argument for the use of both self-compassion and mindfulness as important means to help individuals develop emotional resilience and wellbeing.

Self-Compassion: What it is, what it does, and how it relates to mindfulness

This chapter will present a conceptual account of self-compassion and review research on its benefits. It will also consider how self-compassion relates to mindfulness, given that these constructs are both drawn from Buddhist psychology (Brach, 2003; Gunaratana, 1982; Kabat-Zinn, 1982; Salzberg, 1997). It is important to understand the similar and unique features of self-compassion and mindfulness in order to understand how they each relate to wellbeing, and to consider how these states of heart and mind might best be developed.

What is Self-Compassion?

Self-compassion has received increased research attention lately, with over 200 journal articles and dissertations examining the topic since 2003, the year that the first two articles defining and measuring self-compassion were published (Neff, 2003a; Neff, 2003b). So what is self-compassion exactly? In order to better understand what self-compassion is, it is useful to first consider what it means to feel compassion more generally. From the Buddhist point of view, compassion is given to our own as well as to others' suffering. **We include ourselves in the circle of compassion because to do otherwise would construct a false sense of separate self** (Salzberg, 1997).

Compassion involves sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering (Goetz, Keltner, & Simon-Thomas, 2010). This means that in order to experience compassion, you must first acknowledge the presence of pain. Rather than rushing past that homeless woman as you're walking down the busy street, for example, you must actually stop to consider how difficult her life must be. This involves pausing, stepping out of your usual frame of reference, and viewing the world from the vantage point of another. The

moment you see the woman as an actual human being who is in pain, your heart resonates with hers (compassion literally means “to suffer with”). Instead of ignoring her, you find that you’re moved by her situation, and feel the urge to help in some way. And rather than looking down at the woman or believing that she is somehow separate and disconnected from yourself, you realize that all human beings suffer and are in need of compassion – “there but for fortune go I.” Self-compassion is simply compassion directed inward, relating to ourselves as the object of care and concern when faced with the experience of suffering (Neff, 2003a).

The Three Components of Self-Compassion

Drawing on the writings of various Buddhist teachers (Brach, 2003; Kornfield, 1993; Salzberg 1997), Neff (2003b) has operationalized self-compassion as consisting of three main elements: **kindness, common humanity, and mindfulness**. These components combine and mutually interact to create a self-compassionate frame of mind. Self-compassion is relevant when considering personal inadequacies, mistakes, and failures, as well as when struggling with more general life situations that cause us mental, emotional, or physical pain.

Self-kindness. Western culture places great emphasis on being kind to others, but not so much to our selves. When we make a mistake or fail in some way, we often use harsh, critical internal language – “You’re so stupid and lazy, I’m ashamed of you!” We would be unlikely to say such things to a close friend, or even a stranger for that matter. When asked directly, most people report that they are kinder to others than themselves (Neff, 2003a), and it is not unusual to encounter extremely kind and compassionate people who continually beat themselves up. And even when our problems stem from forces beyond our control, such as losing our job or getting in a car accident, we often don’t give ourselves the sympathy we would give to a friend in the same situation.

With self-kindness, however, we are supportive and understanding toward ourselves. Our inner dialogues are gentle and encouraging rather than harsh and belittling. This means that instead of continually punishing ourselves for not being good enough, we kindly acknowledge that we're doing the best we can. Similarly, when external life circumstances are challenging and difficult to bear, we **soothe and nurture ourselves**. We are moved by our own distress so that warm feelings and the desire to ameliorate our suffering emerge.

Common humanity. The sense of common humanity central to self-compassion involves recognizing that everyone fails, makes mistakes, and gets it wrong sometimes. We do not always get what we want and are often disappointed – either in ourselves or in our life circumstances. This is part of the human experience, a basic fact of life shared with everyone else on the planet. We are not alone in our imperfection. Rather, our imperfections are what make us card-carrying members of the human race. Often, however, we feel isolated and cut off from others when considering our struggles and failures, irrationally feeling that it's only “ME” who is having such a hard time of it. We think that somehow we are abnormal, that something has gone wrong, and we forget that falling flat on our face now and then actually *is* normal. This sort of tunnel vision makes us feel alone and isolated, making our suffering even worse (Neff, 2011). With self-compassion, however, we take the stance of a compassionate “other” toward ourselves, allowing us to take a broader perspective on our selves and our lives. By remembering the shared human experience, we feel less isolated when we are in pain. For this reason, self-compassion is **quite distinct from self-pity**. **Self-pity is a “woe is me” attitude in which people become immersed in their own problems and forget that others have similar problems**. Self-compassion recognizes that we all suffer, and therefore fosters a connected mindset that is inclusive of others.

Mindfulness. Self-compassion entails mindful awareness of our negative thoughts and emotions so that they are approached with balance and equanimity. When we are mindful, we are experientially open to the reality of the present moment without judgment, avoidance, or repression (Bishop et al., 2004). Why is mindfulness an essential component of self-compassion? First, we must be willing to turn toward and experience our painful thoughts and emotions in order to embrace ourselves with compassion. While it might seem that our pain is blindingly obvious, many people do not acknowledge how much pain they're in, especially when that pain stems from their own inner self-critic. Or when confronted with life challenges, people often get so lost in problem-solving mode that they do not pause to consider how hard it is in the moment. Mindfulness of our negative thoughts and feelings means that we do not become "overidentified" (Neff, 2003b) with them, getting caught up and swept away by our aversive reactions (Bishop et al., 2004). Rather than confusing our negative self-concepts with our actual selves, we can recognize that our thoughts and feelings are just that – thoughts and feelings – helping us to drop our unquestioning belief in the storyline of our inadequate, worthless selves.

Neff (2003b) proposes that the three components of self-compassion are conceptually distinct, they also overlap and tend to engender one another. For instance, the accepting stance of mindfulness helps to lessen self-judgment and provide insight needed to recognize our common humanity. Similarly, self-kindness lessens the impact of negative emotional experiences, making it easier to be mindful of them. And realizing that suffering and personal failures are shared with others lessens the degree of self-blame, while also helping to quell the process of over-identification. Thus, self-compassion is best understood as a single experience composed of interacting parts.

What Does Self-Compassion Do?

An ever-increasing body of research suggests that self-compassion enables people to suffer less while also helping them to thrive. So far, the majority of studies focusing on self-compassion have been correlational, using the Self-Compassion Scale (SCS; Neff, 2003a) to determine the association between trait self-compassion and psychological health. This 26-item self-report measure assesses the various thoughts, emotions, and behaviors that map on to the different dimensions of self-compassion – self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Increasingly, however, researchers are also using methods like mood inductions (e.g., Breines & Chen, 2012; Leary, Tate, Adams, Allen, & Hancock, 2007); behavioral observations (Sbarra, Smith, & Mehl, 2012) or short-term interventions (e.g., Shapira & Mongrain, 2011) as a means of examining the impact of self-compassion on well-being.

Self-Compassion and Emotional Wellbeing

One of the most consistent findings in the research literature is that greater self-compassion is linked to less anxiety and depression. In fact, a recent meta-analysis (MacBeth & Gumley, 2012) found a large effect size when examining the link between self-compassion and psychopathology across 20 studies. Of course, a key feature of self-compassion is the lack of self-criticism, and self-criticism is known to be an important predictor of anxiety and depression (Blatt, 1995). However, self-compassion still offers protection against anxiety and depression when controlling for self-criticism (Neff, 2003a). In a study by Neff, Kirkpatrick and Rude (2007), participants were given a mock job interview in which they were asked to “describe their greatest weakness.” Even though self-compassionate people used as many negative self-descriptors as those low in self-compassion when describing their weaknesses, they were less likely to experience anxiety as a result of the task. Self-compassionate individuals also 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. This suggests that self-compassion may reduce self-evaluative anxiety because weaknesses feel less threatening when considered in the light of the shared human experience. Self-compassionate people have also been found to ruminate much less than those who lack self-compassion (Neff, 2003a), presumably because they can break the cycle of negativity by accepting their human imperfection with kindness. A study by Raes (2010) found that rumination mediated the association between self-compassion and depression and anxiety, suggesting that reduced rumination is one of the key benefits of self-compassion.

There may be physiological processes underlying the link between self-compassion, anxiety and depression. Gilbert and Irons (2005) suggest that self-compassion deactivates the threat system (associated with feelings of insecure attachment, defensiveness and autonomic arousal) and activates the self-soothing system (associated with feelings of secure attachment, safety, and the oxytocin-opiate system). In support of this proposition, Rockcliff, Gilbert, McEwan, Lightman, and Glover (2008) found that giving individuals a brief self-compassion exercise (this involved generating a visual image of an ideally compassionate figure sending oneself unconditional love and acceptance) lowered their levels of the stress hormone cortisol. It also increased heart-rate variability, which is associated with a greater ability to self-soothe when stressed (Porges, 2007).

Self-compassion has also been shown to mitigate the effect of negative life events on emotional functioning in general. For instance, a series of studies by Leary, Tate, Adams, Allen, and Hancock (2007) investigated the way that self-compassionate people deal with negative self-

relevant thoughts or life events. One study used experience-sampling techniques, asking participants to report about any difficulties they were having 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, e.g., they were more likely to feel that their struggles weren't any worse than what lots of other people go through. The researchers also found that priming self-compassion helped participants to take responsibility for their role in past negative events without experiencing as much negative affect as those in a control condition.

While self-compassion helps lessen the hold of negativity, it's important to remember that self-compassion does not push negative emotions away in an aversive manner. Self-compassionate individuals are less likely to suppress unwanted thoughts and emotions than those who lack self-compassion (Neff, 2003a), and more likely to acknowledge that their emotions are valid and important (Leary et al, 2007; Neff, Hseih, Dejitterat, 2005; Neff et al., 2007). With self-compassion, instead of replacing negative feelings with positive ones, positive emotions are generated by embracing the negative ones. For this reason, it is perhaps unsurprising that self-compassion is associated with positive psychological strengths. For example, self-compassion is associated with emotional intelligence, wisdom, life satisfaction, and feelings of social connectedness—important elements of a meaningful life (Neff, 2003a; Neff, Pisitsungkagarn, & Hseih, 2008). People high in trait self-compassion or who are induced to be in a self-compassionate frame of mind also tend to experience more happiness, optimism, curiosity, creativity, and positive emotions such as enthusiasm, inspiration, and excitement than those who are self-critical (Hollis-Walker & Colosimo, 2011; Neff et al., 2007). Shapira and Mongrain (2010) conducted an experiment in which individuals were asked to write a self-compassionate letter to themselves every day for seven days, and found that the brief intervention increased

happiness levels compared to a control group who wrote about early memories for the same period. Moreover, this increased happiness was maintained at one month, three months, and six months follow-up. **By wrapping one's pain in the warm embrace of self-compassion, positive feelings are generated that help balance the negative ones, allowing for more joyous states of mind.**

Self-Compassion versus Self-Esteem

Although self-compassion generates positive emotions, it doesn't do so by judging the self as "good" rather than "bad." In this way, self-compassion differs markedly from self-esteem. **Self-esteem refers to the degree to which we evaluate ourselves positively.** It represents how much we like or value ourselves, and is **often based on comparisons with others** (Harter, 1999). In American culture, having high self-esteem means standing out in a crowd—being special and above average (Heine, Lehman, Markus, & Kitayama, 1999). There is general consensus that self-esteem is essential for good mental health, while the lack of self-esteem undermines wellbeing by fostering depression, anxiety, and other pathologies (Leary, 1999). There are potential problems with high self-esteem, however, not in terms of having it, but in terms of getting it (Crocker & Park, 2004). For instance, people often put others down and inflate their own sense of self-worth as a way to feel better about themselves (Tesser, 1999), and may result in **narcissism, prejudice, and bullying** (Aberson, Healy, & Romero, 2000; Morf & Rhodewalt, 2001; Salmivalli, Kaukiainen, Kaistaniemi, & Lagerspetz, 1999). Self-esteem also tends to be contingent on success in valued life domains (Crocker, Luhtanen, Cooper, & Bouvrette, 2003), and therefore **fluctuates according to performance outcomes** (Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000). As the Hollywood saying goes, you're only as good as your latest success.

In contrast, self-compassion is not based on positive judgments or evaluations—it is a way of positively relating to our selves. People feel self-compassion because they are human beings, not because they are special or above average, so that **interconnection rather than separateness is emphasized**. This means that with self-compassion, you do not have to feel better than others to feel good about yourself. It also offers more **emotional stability** than self-esteem because it is always there for you—**when you're on top of the world and when you fall flat on your face**.

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).

In a survey involving a large community sample in the Netherlands, self-compassion was shown to be a stronger predictor of healthy functioning than self-esteem (Neff & Vonk, 2009). Self-compassion was associated with more stability in state feelings of self-worth over an eight month period (assessed 12 different times) than trait self-esteem. This may be related to the fact that self-compassion was also found to be less contingent on things like physical attractiveness or successful performances than self-esteem. Results indicated that self-compassion was associated with lower levels of social comparison, public self-consciousness, self-rumination, anger, and need for cognitive closure, than self-esteem. Also, self-esteem had a robust association with narcissism while 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, worrying about whether or not others are evaluating them, defending their viewpoints, or angrily reacting against those who disagree with them. In sum, self-compassion is a healthier way of feeling good about oneself than self-esteem that is based on the need to feel better than others.

Self-Compassion and Motivation

Many people criticize themselves in the belief that it will help motivate them to achieve their goals. While the adage “spare the rod spoil the child” is rarely used in modern parenting, it seems to persist when relating to our selves. To the extent that self-criticism does work as a

motivator, it's because we're driven to succeed in order to avoid self-judgment when we fail. But if we know that failure will be met with a barrage of self-criticism, sometimes it can be too frightening to even try. With self-compassion, we strive to achieve for a very different reason—because we care. If we truly want to be kind to ourselves and do not want to suffer, we'll do things to help us be happy, such as taking on challenging new projects or learning new skills. And because self-compassion gives us the safety needed to acknowledge our weaknesses, we're in a better position to change them for the better.

Research supports this idea. In a series of four experimental studies, Breines and Chen (2012) used mood inductions to engender feelings of self-compassion for personal weaknesses, failures, and past moral transgressions. When compared to a self-esteem induction (e.g. “think about your positive qualities”) or a positive mood distractor (e.g. “think about a hobby you enjoy”), self-compassion resulted in more motivation to change for the better, try harder to learn, and avoid repeating past mistakes. Other research has shown self-compassion to be linked to personal initiative, perceived self-efficacy and intrinsic motivation (Neff et al., 2005; Neff et al., 2007). Self-compassionate people have less fear of failure, but when they do fail they're more likely to try again (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Self-compassion also promotes health-related behaviors such as sticking to one's diet (Adams & Leary, 2007), reducing smoking (Kelly, Zuroff, Foa, & Gilbert, 2009), seeking medical treatment when needed (Terry & Leary, 2011) and exercising (Magnus, Kowalski, & McHugh, 2010).

Self-Compassion and Coping

Self-compassion can be seen as an effective way to cope with difficult emotional experiences. For instance, Sbarra, Smith and Mehl (2012) found that self-compassion was key in helping people adjust after divorce. Researchers asked divorcing adults to complete a 4-minute

stream-of-consciousness recording about their separation experience, and independent judges rated how self-compassionate their dialogues were. Those who displayed greater self-compassion when talking about their break-up not only evidenced better psychological adjustment at the time, but this effect persisted over nine months. Findings were significant even after accounting for a number of competing predictors such as self-esteem. Research also indicates that self-compassion helps people cope with early childhood traumas. In a youth sample, Vettese, Dyer, Li, and Wekerle (2011) found that self-reported levels of self-compassion mediated the link between childhood maltreatment and later emotional dysregulation. This suggests that people with trauma histories who have compassion for themselves are better able to deal with upsetting events in a productive manner. Self-compassion also appears to help people cope with chronic physical pain (Costa & Pinto-Gouveia, 2011).

Self-Compassion and Interpersonal Relationships

In addition to intrapersonal benefits, self-compassion appears to enhance interpersonal functioning. Neff and Beretvas (2012) found that 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 than those lacking self-compassion. Similarly, a study of relationships between college roommates (Crocker & Canevello, 2008) found that self-compassionate students provided more social support and encouraged interpersonal trust with roommates compared to those lacking in self-compassion.

An interesting question concerns whether self-compassionate people are also more compassionate towards others. There is some evidence that self-compassion stimulates parts of the brain associated with compassion in general. Using fMRI technology, Longe et al. (2009) found that instructing individuals to be self-compassionate was associated with neuronal activity

similar to what occurs when feelings of empathy for others are evoked. This would suggest that the tendency to respond to suffering with caring concern is a broad process applied to both self and others. While research focused directly on this topic is new, findings suggest that the link between self-compassion and other-compassion exists but is somewhat complex.

Neff and Pommier (2012) examined the link between self-compassion and compassion for others, empathetic concern, altruism, personal distress, and forgiveness. Participants included college undergraduates, an older community sample, and individuals practicing Buddhist meditation. In all three groups, self-compassionate people were less likely to experience personal distress, meaning they were more able to confront others' suffering without being overwhelmed. In addition, self-compassion was significantly associated with forgiveness. Forgiving others requires understanding the vast web of causes and conditions that lead people to act as they do. The ability to forgive and accept one's flawed humanity, therefore, appears to also apply to others. Self-compassion was significantly but weakly linked to compassion for others, empathetic concern, and altruism among the community and Buddhist samples. This association is probably not as robust as might be expected because of the fact that most people report being much kinder to others than themselves (Neff, 2003a), attenuating the association.

Interestingly, there was no link found between self-compassion and other-focused concern (i.e., compassion, empathetic concern and altruism) among undergraduates. This may be because young adults often struggle to recognize the shared aspects of their life experience, overestimating their distinctiveness from others (Lapsley, FitzGerald, Rice, & Jackson, 1989). Their schemas for why they are deserving of care and why others are deserving of care are therefore likely to be poorly integrated. The link between self-compassion and other-focused concern was strongest among meditators, which may be the result of practices like loving-

kindness meditation that are designed to intentionally cultivate compassion for both self and others (Hofmann, Grossman, & Hinton, 2011).

The Origins of Self-Compassion

Gilbert (2009) argues that self-compassion is an evolved capacity that emerges from behavioral systems involving attachment and affiliation. Seeking proximity and soothing from caregivers in order to provide a secure base for operation in the world is a mammalian behavior. For mammals, survival depends on the “tend and befriend” instinct (Taylor, 2002). In times of threat or stress, animals that are protective of their offspring and live within cooperative groups are more likely to pass their genes successfully on to the next generation. Among humans, the sense of secure attachment and belonging that emerges from the caregiving system creates feelings of safety, of being worthy of love and care, increased happiness, and reduced anxiety and depression (Mikulincer & Shaver, 2007).

For this reason, individuals who are raised in safe, secure environments and who experience supportive and validating relationships with care-givers should be more able to relate to themselves in a caring and compassionate manner. In contrast, individuals who are raised in insecure, stressful, or threatening environments are likely to have an insufficiently developed self-soothing system and few internalized models of compassion to draw upon (Gilbert & Proctor, 2006). Research supports the notion that self-compassion is related to the care-giving system and early childhood interactions. People who lack self-compassion are more likely to have critical mothers, for instance, come from families in which there was a lot of conflict, and display insecure attachment patterns, while the opposite is true for those with higher levels of self-compassion (Neff & McGeehee, 2010; Wei, Liao, Ku, & Shaffer, 2011).

Teaching Self-Compassion

While pre-existing trait levels of self-compassion have their origins, at least in part, in early childhood experiences, **skills of self-compassion can also be taught**. Paul Gilbert has developed a group-based therapy intervention for clinical populations called **Compassionate Mind Training** (CMT). CMT is designed to help people develop skills of self-compassion, especially when their more habitual form of self-to-self relating involves self-attack. In a pilot study of CMT involving hospital day patients with intense shame and self-criticism, significant decreases in depression, self-attacking, shame, and feelings of inferiority were reported after participation in the CMT program (Gilbert & Procter, 2006). Moreover, almost all of the participants felt ready to be discharged from their hospital program at the end of the study.

Chris Germer and Kristin Neff have developed a training program designed to teach self-compassion skills to the general populace called **Mindful Self-Compassion** (MSC; Neff & Germer, 2012). The structure of MSC is modeled on Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982), with participants meeting for two and a half hours once a week over the course of the eight weeks, and also meeting for a half-day “mini retreat.” Formal meditation practices are taught such as loving-kindness meditation (LKM), an ancient Buddhist practice designed to increase good will for oneself and others in a general fashion by repeating a series of phrases such as “May I be safe, may I be peaceful, may I be healthy, and may I live with ease” (Grossman, Niemann, Schmidt, & Walach, 2004). A variant of the practice is also taught that focuses on generating self-compassion – calling to mind an emotionally difficult situation in one’s life and repeating phrases such as “May I feel safe, may I feel peaceful, may I be kind to myself, may I accept myself as I am.” Informal practices are taught such as placing one’s hands on one’s heart in times of stress, or repeating a set of memorized self-compassion phrases for use in daily life. Throughout the program, interpersonal exercises are used to help generate feelings

of common humanity. Home practices are assigned at the end of each session such as writing a compassionate letter to oneself. Participants are asked to do 40 minutes of self-compassion practice each day, which can be a combination of formal and informal practices.

Neff and Germer (2012) recently conducted a randomized controlled study of the MSC program that compared outcomes for a treatment group ($N = 24$; 78% female; M age = 51.21) to those who were randomized to a waitlist control group ($N = 27$; 82% female; M age = 49.11). The large majority of participants (76%) reported having prior experience with mindfulness meditation. Compared to controls, MSC participants demonstrated a significant increase in their self-compassion levels (43%), with a large effect size indicated ($d = 1.67$; Cohen, 1988). Participants also significantly increased in mindfulness (19%), compassion for others (7%) and life satisfaction (24%), while decreasing in depression (24%), anxiety (20%), stress (10%), and emotional avoidance (16%). All significant gains in study outcomes were maintained at six months and one-year follow-up. In fact, life satisfaction actually increased significantly from the time of program completion to the one-year follow-up, suggesting that the continued practice of self-compassion continues to enhance one's quality of life over time.

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Results indicated that the more MSC participants practiced formal meditation, the more they increased their self-compassion levels. Similarly, the degree that participants practiced informal self-compassion techniques in daily life also predicted gains in self-compassion. This implies that self-compassion is teachable skill that is "dose dependent." The more you practice it the more you learn it. The study was limited by the lack of an active control group, a shortcoming that will need to be addressed in future research. Also, given that most participants had prior mindfulness meditation experience, it might be that practices taught in the program are only

effective for those who already knowing how to meditate. On the other hand, the fact that MSC participants increased in wellbeing even though most had prior meditation experience suggests that MSC offers tangible benefits over and above mindfulness meditation alone.

The term “Mindful” is included in the name of the program because it also teaches basic mindfulness skills, which – as discussed above – are crucial to the ability to give oneself compassion. However, MSC mainly focuses on teaching self-compassion skills and includes mindfulness as a secondary emphasis (only one session in the eight week course is explicitly devoted to mindfulness). Because the distinction between mindfulness and self-compassion is a complex one, the issue of how mindfulness and self-compassion relate to one another will be considered in some detail.

How Does Self-Compassion Relate to Mindfulness?

As discussed elsewhere in this volume, mindfulness entails being aware of present moment experience in a clear and balanced manner (Brown & Ryan, 2003). It is a metacognitive skill involving self-regulation of attention that cultivates a quality of relating to one’s experience with a curious, accepting stance. Acceptance involves being “experientially open” to whatever thoughts, emotions, and sensations arise in awareness with an attitude of non-judgment and non-resistance (Bishop et al., 2004). Both mindfulness and self-compassion are notions drawn from Buddhist psychology, and mindfulness is a core component of self-compassion. One might ask, therefore, what are the areas of overlap and distinctiveness between these constructs, and do they have unique implications for human functioning?

There are many ways in which mindfulness, as defined above, is operationally similar to self-compassion. Both involve turning toward painful experiences with an accepting stance so that destructive processes of reactivity are lessened, as evidenced by the large research literatures

linking both mindfulness and self-compassion to wellbeing (Keng, Smoski, & Robins, 2011; MacBeth & Gumley, 2012). There are some **distinctions** worth noting, however.

First, **the type of mindfulness that is part of self-compassion is narrower in scope than mindfulness more generally**. The mindfulness component of self-compassion refers to balanced awareness of *negative* thoughts and feelings. For instance, a sample item from the mindfulness subscale of the SCS (Neff, 2003a) is “When something upsets me I try to keep my emotions in balance.” Mindfulness in general refers to the ability to pay attention to any experience - positive, negative, or neutral – with equanimity. While it’s possible to be mindful of eating a raisin, an exercise commonly used to teach mindfulness (Kabat-Zinn 1982), it wouldn’t make sense to give oneself compassion for eating a raisin (unless perhaps you had a traumatic raisin-eating experience in childhood!)

Self-compassion as a total construct is also **broader in scope** than mindfulness because it includes the **additional elements of self-kindness and common humanity: actively soothing and comforting oneself when painful experiences arise, and remembering that such experiences are part of being human**. These are not qualities that are inherently part of mindfulness per se (Bishop et al., 2004). Feelings of self-kindness and common humanity may often accompany mindfulness of painful experiences, of course, so that self-compassion may automatically co-arise with mindfulness itself. The two do not *always* co-arise, however. It is possible to be mindfully aware of painful thoughts and feelings without actively soothing and comforting oneself, or remembering that these feelings are part of the shared human experience. Sometimes it takes an extra intentional effort to be compassionate toward our own suffering, especially when our painful thoughts and emotions involve self-judgments and feelings of inadequacy.

Another distinction between mindfulness and self-compassion lies in their respective

targets. Whereas mindfulness is a way relating to internal experience, self-compassion is a way of relating to the *experiencer* who is suffering (Germer, 2009). Mindfulness non-judgmentally accepts the thoughts, emotions and sensations that arise in present moment awareness.

Compassion entails the desire for sentient beings to be happy and free from suffering (Salzberg, 1997). If I am mindful of a stabbing sensation in my knee, for instance, it means I am aware of the hot pulsating sensation without judgment or resistance, allowing mental space for the sensation to “be” as it is. When self-compassion also arises in response to that pain, feelings of care and concern for the fact that I am experiencing this pain are conveyed, along with the motivation to soothe and comfort myself to the extent possible. Self-compassion involves a bit of a paradox, therefore. At the same time that one’s present moment experience is mindfully accepted without resistance, the wish for the experiencer to be free of suffering in future moments - the motivation that lies at the heart of compassion - is also present.

One slogan of the MSC program is that “we give ourselves compassion not to feel better, but because we feel bad.” In other words, we learn to fully accept our present moment experience as it is without resistance, while still holding our pain in the warm embrace of compassion. Mindfulness is necessary to insure that compassion doesn’t become a slick new form of resistance (I’ll be kind to myself to make the pain go away), while compassion provides the emotional safety needed to fully feel and open to one’s pain. Thus, mindfulness and self-compassion mutually enhance one another.

Ultimately, the answer to the question of how mindfulness and self-compassion are related is an empirical one. It is likely that self-compassion taps into differently evolved physiological systems than mindfulness (Gilbert, 2009). Mindfulness is a form of metacognition and attention regulation that has been associated with increased activity in the middle prefrontal

regions of the brain, and is a relatively recent evolutionary achievement (Siegel, 2007).

Compassion has been linked to the older mammalian caregiving system, which involves oxytocin and other hormones related to feelings of secure attachment (Goertz et al., 2010), as well as specific neuronal networks associated with love and affiliation (Klimecki, Leiberg, Lamm, & Singer, in press). These systems are likely to be differentially recruited when one is being mindful of one's present-moment experience versus being compassionate toward oneself. (It is unlikely that the attachment system is activated when mindfully eating a raisin, for example.)

While comparisons of the physiology of mindfulness versus compassion are sparse, there is a growing research literature comparing the psychological correlates of mindfulness and self-compassion using self-report methodologies. First, it is important to note that measures of mindfulness and self-compassion are significantly correlated, ranging from a low of .28 (Birnie, Speca, & Carlson, 2010) using the Mindful Awareness and Attention Scale (MAAS; Brown & Ryan, 2003) to a high of .69 (Hollis-Walker & Colosimo, 2011) using the Five Factor Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). This link is not surprising given that mindfulness is a foundational element of self-compassion, and that the three elements of self-kindness, common humanity, and mindfulness help to mutually engender one another. Still, it appears that for some outcomes, self-compassion is a stronger predictor of wellbeing than mindfulness alone.

Van Dam, Sheppard, Forsyth, and Earleywine (2011) examined the link between self-compassion (using the SCS), mindfulness (using the MAAS), and various wellbeing measures in a large sample of people with moderate to severe anxiety and/or depression. Results indicated that individual differences in trait self-compassion, as compared to trait mindfulness, explained

significantly more variance in terms of anxiety, worry, depression, and quality of life. Similarly, Baer, Lykins and Peters (2012) compared the relative predictive utility of self-compassion (using the SCS) and mindfulness (using the FFMQ) for psychological wellbeing. Wellbeing was assessed in terms of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Keyes, 1995). The study found that self-compassion was almost twice as strong a predictor of wellbeing than mindfulness, though both were significant predictors.

Another study (Neff, in preparation) examined the relative association of self-compassion (using the SCS) and mindfulness (using the MAAS) with anxiety, depression, happiness and life-satisfaction in a non-clinical community sample ($N = 338$), as well as a sample of individuals practicing Buddhist meditation ($N = 174$). Among the community sample, anxiety was more powerfully predicted by mindfulness ($B = -.36$) than self-compassion ($B = -.19$), and depression was more powerfully predicted by self-compassion ($B = -.48$) than mindfulness ($B = -.25$), though both were still significant predictors. Self-compassion was the only significant predictor of happiness ($B = .65$) and life satisfaction ($B = .49$). Among meditators, anxiety was predicted more powerfully by self-compassion ($B = -.35$) than mindfulness ($B = -.15$), with both predictors being significant. However, self-compassion was the only significant predictor of depression ($B = -.59$), happiness ($B = .63$) and life satisfaction ($B = .41$).

Overall, research findings so far suggest that self-compassion may be a stronger predictor of depression, happiness, life satisfaction and psychological wellbeing than mindfulness alone. If so, it may be because these sorts of wellbeing outcomes are more strongly impacted by the soothing qualities of self-kindness and the emotional safety generated by feelings of common humanity (Pauley & McPherson, 2010). Findings with anxiety appear to be more mixed, and

may depend on characteristics of the populations being examined such as clinical symptomology or meditation experience. A great deal of further research will be needed to gain a more solid understanding of when, how, and for whom the beneficial aspects of mindfulness and self-compassion are realized, but results so far suggest that the benefits are not identical. This also holds true when considering interventions aimed at developing skills of mindfulness and/or self-compassion.

Mindfulness-Based Interventions and Self-Compassion

Mindfulness-based interventions are widespread, the most common being the eight week Mindfulness-Based Stress Reduction program (MBSR; Kabat-Zinn, 1982). Mindfulness-Based Cognitive Therapy (MBCT) is another popular form of MBSR that has been adapted for clinical use, particularly for the treatment of depressive relapse (Segal, Williams, & Teasdale, 2002). Both of these programs use meditation techniques such as the body scan, breath awareness, and yoga to teach mindfulness skills. There is also evidence that participation in MBSR and MBCT increases self-compassion (e.g., Birnie et al., 2010; Kuyken et al., 2010; Rimes & Wingrove, 2011; Shapiro, Brown, & Biegel, 2007). Although self-compassion is not an explicit skill taught in MBSR and MBCT, leaders of these programs often convey implicit messages about the importance of being kind and gentle with oneself. Also, leaders of MBSR have the option of teaching loving-kindness meditation (LKM) on a one-day meditation retreat (Santorelli & Kabat-Zinn, 2004). While LKM is designed to foster general feelings of friendliness and benevolence toward self and others, rather than compassion for personal experiences of suffering in particular, cultivating this loving mindset is likely to translate into greater self-compassion. And of course, given that mindfulness is a foundational element of self-compassion, it makes sense that being mindful of negative thoughts and emotions also increases one's ability to be self-compassionate.

Some researchers have proposed that the increased self-compassion associated with MBSR and MBCT may be a key mechanism by which these interventions improve wellbeing (Baer, 2010; Hölzel et al., 2011). In support of this idea, Shapiro, Astin, Bishop, and Cordova (2005) found that health care professionals who took an MBSR program reported significantly increased self-compassion and reduced stress compared to a wait-list control group, and that self-compassion mediated the reductions in stress associated with the program. Similarly, Kuyken et al. (2010) examined the effect of MBCT compared to maintenance anti-depressants on relapse in depression, and found that increases in mindfulness and self-compassion both mediated the link between MBCT and depressive symptoms at 15-month follow-up. They also found that MBCT reduced the link between cognitive reactivity and depressive re-lapse, and that increased self-compassion - but not mindfulness - mediated this association, again suggesting that self-compassion may be a more powerful predictor of depression than mindfulness alone.

Interestingly, although self-compassion may be a key mechanism of action in MBCT, the updated second edition of the MBCT training manual (Segal, Williams, & Teasdale, 2012) argues that MBCT instructors should not explicitly discuss or teach self-compassion in the program. Rather, they suggest that participants can learn principles of self-compassion just as effectively if leaders implicitly embody kindness and compassion in the quality of their presence, their guidance of meditation practice, and their responses to participants' questions or comments. The authors also advise against explicitly teaching self-compassion skills to clinically depressed individuals because it could reinforce their feelings of being unloved and unlovable. Research will be needed to determine if the explicit teaching of self-compassion in programs such as MBCT is beneficial or not. It seems likely, however, that self-compassion can be raised to a much greater extent through explicit rather than implicit methods. Also, if programs rely on

teacher warmth to convey the importance of self-compassion, it's unclear how long this effect will last when individuals have finished their program and are facing difficult situations in their personal lives. This is especially true given that the larger culture doesn't support the practice of self-compassion, and instead tends to undermine it.

For instance, many people in the West struggle with being compassionate to themselves because our culture teaches us that self-compassion is weak and passive, or that it will undermine our motivation (Gilbert, McEwan, Matos, & Rivis, 2011). Western culture also tends to confuse self-compassion with self-pity, self-indulgence, and the abdication of personal responsibility. MSC directly addresses these misconceptions in the first session of the course and provides a brief overview of research on self-compassion supporting its mental health benefits. This allows for conceptual "buy-in" that facilitates the learning and use of self-compassion. The self-compassion exercises taught in the program are also designed to help people bring self-compassion to actual situations with which they are currently struggling. For instance, MSC teaches something called the "self-compassion break," which involves intentionally calling to mind a current life struggle, finding a soothing physical expression of compassion such as putting both hands over one's heart, then silently repeating words that convey the main elements of self-compassion ("This is a moment of suffering, suffering is part of life, may I be kind to myself in this moment, may I give myself the compassion I need.") These types of concrete tools are likely to help people learn to use self-compassion in their lives with greater efficacy.

Although no studies have yet directly compared MSC with MBSR or MBCT, studies examining the outcomes of each program independently suggest that explicitly teaching self-compassion does make a difference. Neff and Germer (2012) found that the MSC program raised participants' self-compassion levels as measured by the SCS (Neff, 2003a) by 43%, and

that gains in self-compassion were maintained at least one year later. In comparison, a review of the literature revealed that five MBSR studies yielded an average increase of 19% (range: 16% to 23%) on the SCS (Birnie et al., 2010; Robins, Keng, Ekblad, & Brantley, 2012; Shapiro et al., 2005; Shapiro et al., 2007; Shapiro, Brown, Thoresen, & Plante, 2011), while three MBCT studies yielded an average increase of 9% (range: 7% to 12%) on the SCS (Kuyken et al., 2010; Lee & Bang, 2010; Rimes & Wingrove, 2011). Only two of these studies examined whether gains in self-compassion were maintained over time. Robins et al. (2012) found that increases in self-compassion were maintained for two months after completing MBSR. Shapiro et al. (2011) examined self-compassion levels both two months and one year after completing MBSR, but did not find that program participation significantly increased self-compassion levels in the first place.

Research that directly compares the relative impact of MBSR, MBCT and MSC will be needed before understanding the overlapping and unique benefits of each. While MSC appears to raise self-compassion more than mindfulness-based interventions, it is likely that MSC raises mindfulness levels to a lesser extent than MBSR or MBCT, given that teaching mindfulness is only a secondary emphasis of the program. MBSR and MBCT are also more likely to have a stronger impact on phenomena related to mindful awareness such as attenuating reactivity to emotional stimuli, decreasing emotional avoidance, as well as enhancing cognitive flexibility, attentional functioning, and interoception (Keng et al., 2011) than MSC. This suggests that the MSC program is complementary to MBSR or MBCT, and that it may be an effective supplement to these MBIs, especially for those who are self-critical.

An important area for future research will be to determine whether individual difference variables play a role in the relative impact of each type of program on wellbeing. MBSR and

MBCT might be more effective in improving wellbeing for those who have low pre-existing levels of mindfulness, for instance, while MSC may be more effective for those with lower levels of self-compassion. Research might also fruitfully explore whether wellbeing is maximized when both types of programs are taken, and if so, in what order. Intuitively, it would seem optimal to learn mindfulness before self-compassion given that mindfulness is needed for compassion. However, for people suffering from severe shame or self-criticism, they might need to first cultivate self-compassion in order to have the sense of emotional safety needed to fully turn toward their pain with mindfulness.

While this last section of this chapter has emphasized the differential benefits of mindfulness and self-compassion, this should not be taken to mean that it is possible to say one is “better” than the other. This would be like trying to argue whether food is better than water, an especially fruitless task given that water is needed for food to grow (just like mindfulness is needed for self-compassion to grow). In the Buddhist tradition mindfulness and compassion are considered to be two wings of a bird (Kraus & Sears, 2009), and both are necessary to fly.

Conclusion

Research increasingly shows that treating oneself with care and compassion is a powerful way to enhance intrapersonal and interpersonal wellbeing. When we are mindful of our suffering and respond with kindness, remembering that suffering is part of the shared human condition, we are able to cope with life’s struggles with greater ease. We create a loving, connected, and balanced state of mind and heart that helps to reduce psychopathology while simultaneously enhancing joy and meaning in life. Self-compassion is a portable source of friendship and support that is available when we need it most – when we fail, make mistakes, or struggle in life. Unlike self-esteem, which tends to be a fair-weather friend, self-compassion is

an available resource in good times and bad. And by combining mindful acceptance of our present moment experience with the compassionate desire to be happy and free from suffering, we maximize our ability to heal and reach our full potential. Fortunately, skills of self-compassion can be learned and maintained over time. This suggests that psychological interventions aimed at enhancing wellbeing should include an explicit focus on developing self-compassion. Future research should explore how to best accomplish this goal in a way that meets a variety of individual needs.

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Figure 1: Percent increase in self-compassion, mindfulness, compassion, and life satisfaction

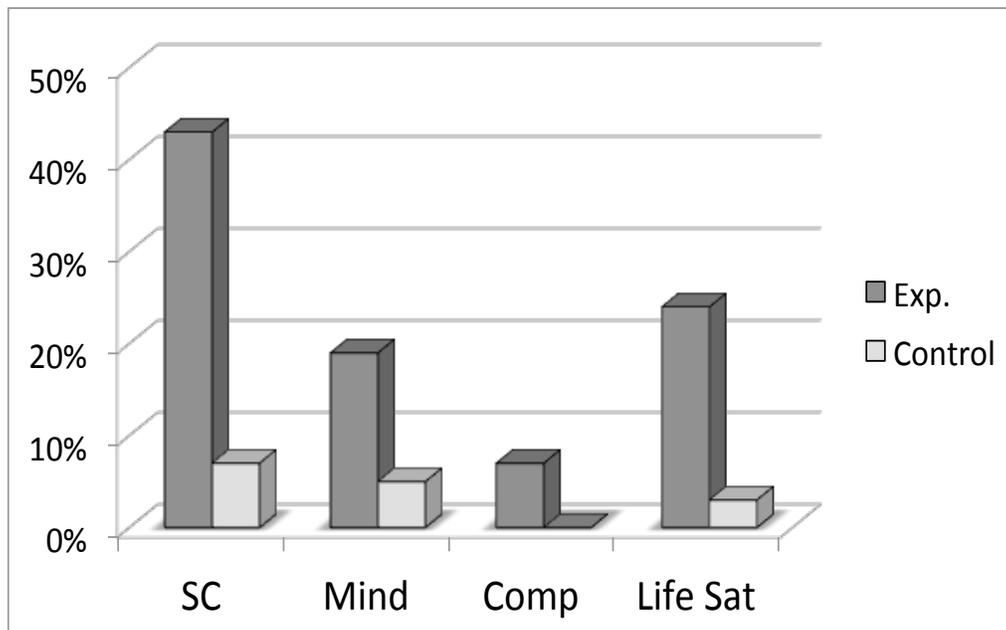


Figure 2: Percent decrease in depression, anxiety, stress and emotional avoidance

