

Self-Compassion: The “New” Self Esteem

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Abstract

The exchange of ideas between Buddhism and Western psychology has recently included dialogue and research around the construct of self-compassion. Self-compassion has been adopted to western mental health and operationally defined. Research has supported the potential for self-compassion to be a mediating variable in various aspects of well-being. Research on the construct, grew out of the field of developmental psychology, offering a positive way for one to relate to oneself as an alternative to self-esteem. Self-compassion can offer many of the benefits of self-esteem without the downsides that come with self-evaluations and self-comparisons.

Recently, research related to the coping construct of self-compassion has shown that increased self-compassion can improve well-being (Neff, 2009). Well-being includes physical, mental and emotional stability, an awareness of one’s limitations, and the ability to recognize stress and utilize adaptive coping methods (Wester, Trepal & Meyers, 2009). The definition of self-compassion and how it differs from self-esteem will be explored as well as the intra and interpersonal benefits of self-compassion, self-compassion applied to self-regulation and clinical populations.

Defining Self-Compassion

The concept of self-compassion has existed in Eastern philosophical thought for centuries but it is relatively new in the West (Neff, 2009). Neff (2009) drew on the writings of Buddhist scholars to define self-compassion as having three main components. These are self-kindness versus self-judgment, a sense of common humanity versus isolation and mindfulness versus over identification.

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Self-kindness is defined as a tendency to be caring and understanding with oneself rather than being critical or judgmental. Common humanity is the recognition that all humans are imperfect, fail and make mistakes. One's own imperfectness is generalized to humanity. Mindfulness involves being aware of one's present moment experience so that disliked aspects of the self are not ignored or ruminated upon (Neff, 2009). The mainstream definition of mindfulness is, "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmental to the unfolding of the experience moment by moment" (Kabat-Zinn, 2003, p.145).

Self-Compassion Versus Self-Esteem

Research has suggested that self-compassion offers all of the benefits of high self-esteem but with fewer negative components. Self-esteem is defined as an overall evaluation or appraisal of self-worth. High self-esteem is correlated with narcissism and the need to be better than another. Typical measures of trait self-esteem correlate positively with scores on the Narcissistic Personality Inventory while self-compassion does not. Low self-compassion is accountable for variance in depression and anxiety, even with trait self-esteem controlled for. This suggests that self-compassion contributes to well-being in ways that are unique from those of trait self-esteem (Leary, Tate, Adams, Allen, & Hancock, 2007).

Neff and Vonk (2009) completed two studies examining the differences between self-compassion and self-esteem. Study one had 2,187 participants. Self-compassion and global self-esteem were assessed over an eight month period with 12 separate assessments. Global self-esteem was defined as the degree to which the self is judged to be competent in life domains deemed important. Self-compassion predicted more stable feelings of self-worth than self-esteem. Self-compassion had a stronger negative association with social comparison, public self-consciousness, self-rumination, anger, and need for cognitive closure than self-esteem. Self-esteem was positively associated with narcissism while self-compassion was not. Study two had 165 participants and compared global self-esteem and self-compassion as they relate to positive mood

states. Self-compassion and self-esteem were equal predictors of happiness, optimism, and positive affect (Neff et al., 2009).

Intrapersonal Benefits of Self-Compassion

Leary et al., (2007) conducted several studies that investigated the cognitive and emotional processes by which self-compassionate people deal with unpleasant life events. The participants in the studies reported on negative events in their daily lives, responded to hypothetical scenarios, reacted to interpersonal feedback, rated theirs or others' videotaped performances in an awkward situation, and reflected on negative personal experiences (Leary et al., 2007).

The participants in study one were 117 undergraduate psychology students. The Self Compassion Scale (SCS) was utilized as well as a web based questionnaire. Over three weeks, participants received four e-mail messages instructing them to access a web site where they completed the web-based questionnaire about events that had occurred during the previous four days. Participants described the worst thing that had happened to them that week, where the event occurred and who was affected by it. Participants then rated how “bad” the event was, the degree to which they were responsible for the event, the degree to which other people were responsible for the event, and how important was the event was. Ratings were made on a 6-point scale, where 1 = not at all, 2 = slightly, 3 = somewhat, 4 = moderately, 5 = very, and 6 = extremely. Participants also rated how they felt in the situation using 20 affect-relevant terms that were selected to assess sadness. These terms were sad (dejected, down, depressed), anxiety (nervous, worried, anxious, fearful), anger (irritated, angry, hostile, mad), and self-conscious emotions (embarrassed, humiliated, guilty, ashamed). Participants then rated the degree to which they reacted in each of several ways, also on 6-point scales and then indicated the extent to which they had thought each of several thoughts about the event. Finally, participants rated how well they thought they handled the situation on a 6-point scale.

The study suggested that self-compassion predicts affective and cognitive reactions to negative events in daily life. Self-compassion was consistently associated with having fewer negative, pessimistic, and self-critical thoughts. It was negatively related to feelings of anxiety, sadness, and self-conscious emotions. Participants high in self-compassion self-reported that they kept negative events in daily life framed in a healthy perspective (Leary et al., 2007).

A second study by Leary et al., (2007) was completed to control for the possibility that low and high self-compassionate participants reacted differently to the events they reported because they experienced, remembered, or reported different kinds of events. The participants consisted of 123 students. The SCS, Rosenberg's Self-Esteem Inventory and The 40-item Narcissistic Personality Inventory were utilized. Participants completed the measures during a mass testing session and several weeks later, returned in small groups to respond to a common set of scenarios. These scenarios were hypothetical involving (a) getting a poor grade on an important test, (b) being responsible for losing an athletic competition for their team, and (c) forgetting their part while performing on stage, causing a musical or dramatic performance to grind to an embarrassing halt. Participants were asked to imagine themselves in each situation as vividly as possible and then answer questions about each one. The questions were the same as the questions in study one.

Higher self-compassion predicted less emotional reactions to all three scenarios as well as thoughts that reflected less catastrophizing, less personalizing and greater emotional stability. Higher self-compassion was related to less extreme behavioral responses to the imagined events. Study two suggested that self-compassion may protect people from negative feelings about oneself when imagining distressing social events (Leary et al., 2007).

One way self-compassion may protect an individual from the effects of depression and anxiety is through its positive effects on unproductive repetitive thinking. Unproductive repetitive thinking includes depressive rumination and anxious worrying. Anxious worrying is described as the repeated thinking of potential future threats, risks,

uncertainties, and imagined catastrophes. Rumination is typically associated with sad/depressed feelings over past events (Raes, 2010). This theory was investigated by Raes (2010). 271 participants completed the SCS, State/Trait Anxiety Inventory–Trait Version Scale (STAI-T), Ruminative Response Scale (RRS), Beck Depression Inventory—II (BDI-II) and the Penn State Worry Questionnaire (PSWQ). The relationship between participant scores on the above measures suggested that self-compassion was negatively associated with anxiety (STAI-T), depression (BDI-II), rumination (RRS; both reflection and brooding) and worry (PSWQ). Unproductive repetitive thinking mediated the link between self-compassion and depression and anxiety. Worrying in particular impacted the relationship between self-compassion and anxiety. Rumination impacted the relationship between self-compassion and depression (Raes, 2010). Allen and Leary (2010) have suggested that self-compassionate people tend to rely on positive reframing of negative thoughts and do not rely on avoidance and escape.

Interpersonal Benefits of Self-Compassion

Research has supported that more self-compassionate people report less depression, lower levels of anxiety, and higher levels of self-esteem and self-efficacy than do less self-compassionate people. The intrapersonal benefits of self-compassion were hypothesized to extend to the interpersonal benefits of self-compassion. Does having greater self-compassion help or hurt interpersonal romantic relationships? The participants were 243 undergraduate students. Self-compassion was assessed using the Self-Compassion Scale. Conscientiousness was assessed using the Conscientiousness subscale of the Big Five Personality Inventory—Short and motivation to correct interpersonal mistakes was assessed with a researcher developed measure. Through regression analysis it was found that for men in the studies, self-compassion was mediated by conscientiousness. For men high on conscientiousness, self-compassion was associated with an increased motivation for rectifying interpersonal dilemmas and the utilization of constructive problem solving. The male participants had less declines in marital satisfaction that were moderated by decreases

in interpersonal problem severity. For men low in conscientiousness, self-compassion was associated with these outcomes in the opposite direction. For women in the studies, self-compassion was never harmful to the relationship. Self-compassion in the women was positively linked with the motivation to rectify their interpersonal mistakes and with positive changes in relationship satisfaction regardless of conscientiousness levels (Baker & McNulty, 2011).

Pruitt and McCollum (2010) used a qualitative methodology to examine the effect of meditation on close relationships. The seven participants had all been practicing meditation between 10 and 33 years. Meditation was defined as a family of self-regulation practices which focus on attention and awareness training to elicit mental processes being under voluntary control. Interviews were conducted either on the telephone or in person. A coding method was used to identify themes in the interviews (Pruitt et al, 2010).

Participants were asked what traits they had cultivated as a result of their meditation practice. The traits identified were (1) awareness of body sensations and emotions; (2) disidentification from emotions and thoughts; (3) acceptance of situations, oneself, and others; and (4) compassion and loving-kindness for oneself and others. Six of the seven participants described the development of various forms of compassion, lovingkindness, and caring over the course of their meditation practice (Pruitt et al, 2010).

Compassion, as the participants spoke of it, is an acknowledgment of shared humanity and the commonalities in both suffering and aspiration among people. Compassion can be a motivator to take action to care for and serve others and is often associated with the development of a quality of loving, a universal and unselfish love that extends to oneself, to friends and family, and ultimately to all people. The participants felt that the experience of compassion for themselves helped them extend compassion to others in their life. One participant described it as the connection between being gentle with oneself and with others (Pruitt et al, 2010, p.141).

The themes which emerged as ways in which the traits identified impacted intimate relationships included (1) less reactivity in relationships (2) greater freedom and safety in relationships and (3) a new understanding of the nature of connection between people, marked by unity, separation, intimacy and independence (Pruitt et al, 2010).

The limitations of this study include the lack of diversity among the participants, the lack of the partners of the participants being involved and the small sample size. However, this study provides a description of the potential benefits that meditation practices can have on the development of self-compassion and on intrapersonal romantic relationships. Additionally, it provides insight into the usefulness of self-compassion training as a potential family therapy technique (Pruitt et al, 2010).

Self-Compassion and Self-Regulation

While previous research has demonstrated that self-compassion can foster overall well-being, less research has examined whether training in self-compassion can improve self-regulation. Self-regulation is defined as a conscious process where the individual devotes energy to override a natural response or behavior and replace it with an effortful process that is consistent with the individual's goal. Examples of self-regulation include resisting urges to smoke or overeat (Kelly, Zuroff, Foa & Gilbert, 2010).

Kelly et al., (2010) looked at whether a self-compassion intervention on the self-regulation of cigarette smoking was impactful. The sample consisted of 119 individuals who were randomly assigned to four different intervention groups. One of the four groups were trained to utilize self-compassionate imagery and self-compassionate self-talk each time there was an urge to smoke. Two groups utilized visualization that did not include training in self-compassion. The fourth group used self-monitoring alone. Self-reports of cigarettes per day were used as an assessment. Readiness to change smoking behavior was assessed with the Smoking Stages of Change-Short Form. Trait self-criticism was assessed using the self-criticism scale of the Depressive Experiences Questionnaire. The SCS was utilized to assess the extent to which individuals show themselves self-compassion during difficult times. Two compliance measures were

administered after each week of the study. In the three conditions where imagery was used, participants were asked to report on the extent of the vividness of their imagery. This was done through the use of a questionnaire (Kelly et al, 2010).

After three weeks, the self-compassion intervention lowered daily smoking more than a baseline self-monitoring condition but to the same degree as the two other interventions that were also based on self-talk. The self-compassion intervention reduced smoking more quickly if participants were low in readiness to change, high in the trait of self-criticism and had vivid imagery during the intervention exercises. Thus, it was suggested that training in self-compassion to increase self-regulation is most helpful for individuals who are able to engage in vivid imagery and for individuals who have traits and motivation levels that may undermine traditional self-regulation treatments (Kelly et al, 2010).

Because the duration of the study was shorter than typical smoking cessation studies, smoking reduction was investigated instead of cessation. While reduction has a relationship to cessation, the degree to which self-compassion can play a role in cessation should be studied explicitly. The degree to which the technique is sustainable over a longer period of time does not generalize. Additionally, the conclusions of the study cannot generalize to heavy smokers as the participants were light smokers (Kelly et al, 2010).

Self-Compassion and Clinical Populations

Pauley and McPherson (2010) conducted a study with ten participants who had been diagnosed either with depression or an anxiety disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th edition. The purpose was to examine the meaning and experiences of compassion and self-compassion within a clinical population. Participants were involved in a semi-structured interview. Neff's (2009) definition of self-compassion was utilized as a framework for the interview questions. The interviews were analyzed using interpretative phenomenological analysis (IPA). For the participants, kindness was a key factor in compassion and self-compassion. Regardless of how it was defined, it was agreed upon that compassion

and self-compassion were experienced through actions. This has implications for interventions. In using compassion and self-compassion interventions, the constructs can be explicitly and actively emphasized rather than theoretically. Interestingly, participants did not mention self-compassion until prompted, though they spoke without prompts about compassion. Difficulties in being self-compassionate were expressed. This provides information that can help with the development and utilization of clinical interventions. Several clinical interventions such as Mindfulness Based Cognitive Therapy, Acceptance and Commitment Therapy, and Compassion Focused Therapy incorporate compassion and self-compassion training. Such interventions need to illustrate to people that they have the ability to be self-compassionate. Interventions can provide explicit training on the self-compassion skills. While the ability to generalize the results of this study are limited due to small sample size, the study provides a starting point for examining the meaning and experiences of compassion and self-compassion in individuals with depression and anxiety (Pauley et al., 2010).

Van Dam, Sheppard, Forsyth and Earleywine (2010) compared the ability of the Self Compassion Scale (SCS) and the Mindful Attention Awareness Scale (MAAS) to predict anxiety, depression, worry, and quality of life in a sample of 504 individuals who were seeking self-help for anxious distress. Participants completed an online battery of standardized assessment measures, the data from which were used for the statistical analyses. Depression was measured with the Beck Depression Inventory-II (BDI-II) worry with The Penn State Worry Questionnaire (PSWQ) and quality of life with the Quality of Life Inventory (QLI). The QLI evaluates several broad life domains and yields an index of overall quality of life. Results of regression analyses suggested that self-compassion was a strong predictor of symptom severity and of quality of life. It accounted for ten times more unique variance in the dependent variables than mindfulness. The self-judgment and isolation subscales of the SCS were especially predictive of psychological health. This study is significant because the results suggest that self-compassion is a key predictor of psychological health. For those suffering from anxiety and depression, self-compassion training is a viable intervention as is the

incorporation of self-compassion into mindfulness based interventions (Van Dam et al., 2010).

Conclusion

Frustrations, losses and mistakes are inevitable. This is a reality shared by the human condition. Self-compassion techniques have the potential to mediate the adverse impact of the negative consequences that failures have the potential to incur. Overall, the research on self-compassion suggests that it may offer intra and interpersonal benefits. It is applicable to self-regulation interventions as well interventions with clinical populations, though the research in these areas is preliminary.

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