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Self-compassion and adaptive psychological functioning

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Abstract

Two studies are presented to examine the relation of self-compassion to psychological health. Self-compassion entails being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them. Study 1 found that self-compassion (unlike self-esteem) helps buffer against anxiety when faced with an ego-threat in a laboratory setting. Self-compassion was also linked to connected versus separate language use when writing about weaknesses. Study 2 found that increases in self-compassion occurring over a one-month interval were associated with increased psychological well-being, and that therapist ratings of self-compassion were significantly correlated with self-reports of self-compassion. Self-compassion is a potentially important, measurable quality that offers a conceptual alternative to Western, more egocentric concepts of self-related processes and feelings.

Keywords: Self-compassion; Self-attitudes; Self-evaluation; Self-acceptance; Self-esteem

1. Introduction

In the last few years, researchers have begun to examine the construct of self-compassion as an adaptive form of self-to-self relating (Gilbert & Irons, 2005, Leary, Adams, & Tate, 2004; Leary et al., 2005; Neff, Hseih, & Dejitthirat, 2003a, 2005). This paper presents

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two studies designed to further investigate the link between self-compassion and well-being. Self-compassion involves being caring and compassionate towards oneself in the face of hardship or perceived inadequacy (Bennett-Goleman, 2001; Brach, 2003; Hanh, 1997; Kornfield, 1993; Salzberg, 1997). Neff (2003a, 2003b) has defined self-compassion as being composed of three main components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. If individuals are self-compassionate when confronting suffering, inadequacy or failure, it means that they offer themselves warmth and non-judgmental understanding rather than belittling their pain or berating themselves with self-criticism. This process also involves recognizing that being imperfect, making mistakes, and encountering life difficulties is part of the shared human experience—something that we all go through rather than being something that happens to "me" alone. Self-compassion requires taking a balanced approach to one's negative experiences so that painful feelings are neither suppressed nor exaggerated. One cannot be compassionate towards feelings that are repressed and unacknowledged, but self-compassion quickly turns into melodrama when one is so carried away by negative emotions that all perspective is lost. Instead, self-compassion involves having the right amount of distance from one's emotions so that they are fully experienced while being approached with mindful objectivity (see Neff, 2003b for an in-depth theoretical overview).

The self-compassion construct provides an appealing alternative to the more familiar concept of self-esteem. Although psychologists extolled the benefits of self-esteem for decades, recent research has exposed potential costs associated with the pursuit of high self-esteem (Crocker & Park, 2004), including narcissism (Bushman & Baumeister, 1998), distorted self-perceptions (Sedikides, 1993), prejudice (Aberson, Healy, & Romero, 2000), and violence toward those who threaten the ego (Baumeister, Smart, & Boden, 1996). Self-compassion should confer many of the same benefits as self-esteem in that it provides positive self-affect and a strong sense of self-acceptance. However, these feelings are not based on performance evaluations of the self or comparisons with others. Rather, they stem from recognizing the flawed nature of the human condition, so that the self can be seen clearly and extended kindness without the need to put others down or puff the self up.

Gilbert (2005) suggests that self-compassion enhances well-being because it helps individuals to feel cared for, connected, and emotionally calm. Using social mentality theory (Gilbert, 1989)—which draws on principles of evolutionary biology, neurobiology, and attachment theory—he proposes that self-compassion deactivates the threat system (associated with feelings of insecurity, 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 viewed as 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). The self-soothing qualities of self-compassion are thought to engender greater capacities for intimacy, effective affect regulation, exploration and successful coping with the environment (Gilbert, 1989, 2005).

Neff (2003a) recently developed the Self-Compassion Scale (SCS) to measure the main components of self-compassion. Initial studies designed to evaluate the SCS (Neff, 2003a) indicated that it exhibits an appropriate factor structure, has good internal and test–retest reliability, shows no significant correlation with social desirability bias, and displays both convergent and discriminant validity. Findings indicated that self-compassion was strongly related to psychological health: higher scores on the SCS were negatively associated with self-criticism, depression, anxiety, rumination, thought suppression, and neurotic

perfectionism, and positively associated with life-satisfaction, social connectedness, and emotional intelligence. Neff et al. (2005) recently examined the link between self-compassion and academic achievement goals among college students, to determine whether self-compassion might be adaptive in academic contexts. Self-compassion was positively associated with mastery goals, which involve the joy of learning for its own sake, and negatively associated with performance goals, which involve defending or enhancing one's sense of self-worth through academic performances. These findings were replicated with students who had recently failed a midterm exam, and they further indicated that self-compassionate students exhibited more adaptive ways of coping with failure.

A recent study by Shapiro, Astin, Bishop, and Cordova (2005) examined whether participation in a Mindfulness-Based Stress Reduction (MBSR) course would increase self-compassion levels. MBSR is a widely implemented program aimed at the management of stress (Kabat-Zinn, 1982, 2003), and has been shown to be highly effective in reducing stress and its associated symptoms (see Grossman, Niemann, & Schmidt, 2004 for a meta-analysis). Although the training program primarily focuses on mindfulness skills, it also teaches meditation practices aimed at developing compassion for self and others. Shapiro and colleagues found that participation in a six-week MBSR course by health care professionals significantly increased participants' self-compassion levels (as measured by the SCS), and that self-compassion mediated reductions in stress associated with the program.

Although the small amount of research conducted with the SCS is encouraging, more work needs to be done to explore the relation of self-compassion to psychological functioning. The two studies presented here were designed to further this aim. The first study investigated the ability of self-compassion to protect against anxiety when one is faced with an ego threat, and compared the protective qualities of self-compassion and self-esteem. The second examined whether changes in self-compassion levels were associated with increased psychological well-being after participation in a relevant therapeutic exercise.

2. Study 1

An important way in which self-compassion differs from self-esteem is that the former is based on feelings of care and non-judgmental understanding whereas the latter is based on positive self-evaluations (Harter, 1999). As Mark Leary (2004) has suggested, the intense discomfort associated with self-evaluation means that a highly salient sense of self can sometimes be a "curse." Self-evaluative anxiety is common in certain social exchanges such as first dates, job interviews, or public speeches, when making a good impression not only has important pragmatic consequences but also provides feedback on one's worthiness and adequacy (Leary, 1983). Such situations can also invoke feelings of shame, which stem from negative global self-evaluations and the perceived threat of social isolation (Lewis, 1971; Nathanson, 1987; Tangney, 2003). Self-compassion may help to lessen self-evaluative anxiety because treating oneself kindly and recognizing the imperfect nature of the human condition should soften the pressure to constantly receive positive evaluations. Focusing on the interconnected aspects of experience may also lessen self-evaluative concerns because it tends to satisfy the need for belonging that often drive them (Leary, 1999; Nathanson, 1987). The ability to have perspective on negative emotions rather than running away with them should also tend to lessen the intensity of anxious feelings when they arise. In contrast, high self-esteem should offer less protection against self-evaluative anxiety because the foundations on which high self-esteem rests—evaluations of the self as

worthy or competent—are themselves threatened (Leary, Barnes, Griebel, Mason, & McCormack, 1987).

It should be noted that measures of self-compassion and self-esteem tend to be strongly correlated: Neff (2003a) found a high correlation between the SCS and Rosenberg's (1965) and Berger's (1952) self-esteem measures ($r = .59$ and .62, respectively). This strong association makes sense because self-compassionate individuals are likely to feel good about themselves and those lacking in self-compassion are likely to feel bad about themselves. However, the two constructs were also found to be conceptually distinct: when controlling for self-esteem, the SCS was still a robust predictor of depression and anxiety. Also, Neff (2003a) showed that self-esteem is significantly associated with narcissism whereas self-compassion is not. This finding is important because narcissism is one of the most commonly criticized byproducts of the pursuit of high self-esteem (Baumeister & Vohs, 2001; Crocker & Park, 2004).

The present study used a laboratory setting to examine the proposition that self-compassion protects against self-evaluative anxiety. To create a setting relevant to the undergraduate participants in the study, we created a mock job interview situation in which individuals were asked to give a written answer to the dreaded but inevitable interview question, "Please describe your greatest weakness." We hypothesized that participants with higher levels of self-compassion would report less anxiety after writing about their greatest weakness, whereas levels of self-esteem would not be an effective buffer against anxiety in this situation. We also included a measure of negative affect in this study to ensure that the protective qualities of self-compassion were not solely attributable to lower levels of negative affectivity, as it is important that newly introduced psychological constructs are not merely redundant with other negative emotion constructs (Watson & Clark, 1984).

In addition, we assessed participants' language use when answering the "greatest weakness" question to determine if it would differ according to self-compassion levels. In particular, we examined whether self-compassion would be reflected in concepts of self and other that are expressed in personal writing styles.[1] Pennebaker has developed a text analysis methodology (Pennebaker, Francis, & Booth, 2001) that calculates the average use of particular word categories in writing samples as a means of tapping into underlying psychological characteristics (see Pennebaker & King, 1999 for an in-depth discussion). Studies using this methodology have found that people who are low in self-acceptance tend to use more first person singular pronouns (e.g., I, me, and mine) than those who are high in self-acceptance (Rude, Gortner, & Pennebaker, 2004). Similarly, use of first person plural pronouns (e.g., we, us, and our) and other social references (e.g., share, friend, and group) has been tied to a greater sense of social integration and connectedness (Pennebaker & Graybeal, 2001; Stone & Pennebaker, 2002). Given the self-accepting and connected sense of self that is inherent to self-compassion, we hypothesized that self-compassion would be negatively linked to the use of first person singular pronouns and positively linked to the use of first person plural pronouns and social references. We also examined the use of negative emotion words in participants' responses, as we hoped to demonstrate that individuals who were high or low in self-compassion would not differ in terms of their focus on

[1] Because participants only provided very brief answers to the greatest weakness question, and because answers were constrained by the fact that they were given in the context of a mock job interview task, we were not able to analyze answers in terms of explicit differences in self-compassion (responses were not detailed or revealing enough to reliably analyze across raters).

negative affect. One has to be willing to face one's pain to have compassion for it, meaning that self-compassionate individuals should not avoid talking about painful feelings.

2.1. Method

Participants included 91 undergraduates (22 men and 69 women, *M* age 20.9 years, *SD* = 1.5 years) from an educational-psychology subject pool at a large Southwestern university. The ethnic breakdown of the sample was 42% Caucasian, 34% African-American, 18% Asian, and 6% Other.

2.1.1. Procedures

2.1.1.1. General procedure. The study was carried out in a campus computer lab with groups of approximately 10–20 students each. Students first filled out a series of self-report measures (which assessed demographic information, self-compassion, self-esteem, negative affect, and anxiety). They were then given the following instructions:

> "You will be taking part in a study that examines how people respond to questions commonly asked in job interviews. This is an important topic, because research has shown that performance in job interviews is highly correlated with whether or not applicants are offered the position. In addition, research shows that how well people perform in mock job interview situations like this one is highly predictive of how well they typically perform in real life job interviews. On the screen at the front of the room you will see a typical job interview question. Try to imagine that you are interviewing for a job that you really, really want, and you are answering questions for the person that is going to be making the hiring decision."

Participants then wrote answers to two different job interview questions on a computer, being given approximately 5 min per question. The first question, a filler, asked participants to describe a challenging situation from a past work experience. The second question, which contained the self-evaluation, read: "*What do you consider your greatest weakness? Tell me about a time or situation in the past when this has affected you.*" After completing their answers, participants filled out the anxiety measure for a second time. They also wrote answers to the mock interview questions again, being told that this was an opportunity to make any changes or improvements if desired (participants did not have access to their original answers when writing again). Having two relatively separate answers in response to the "greatest weakness" question helped to increase the stability of text analyses.

2.1.2. Measures

2.1.2.1. Self-compassion. Participants were given the 26-item Self-Compassion Scale (SCS; Neff, 2003a), which includes the 5 item Self-Kindness subscale (e.g., "I try to be understanding and patient toward aspects of my personality I don't like"), the 5-item Self-Judgment subscale (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), the 4-item Common Humanity subscale (e.g., "I try to see my failings as part of the human condition"), the 4-item Isolation subscale (e.g., "When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world"), the 4-item Mindfulness subscale (e.g., "When something painful happens I try to take a balanced view of the situation"), and the 4-item Over-Identification subscale (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong."). Responses are given on a 5-point

scale from "Almost Never" to "Almost Always." Mean scores on the six subscales are then averaged (after reverse-coding negative items) to create an overall self-compassion score. Initial scale validation research for the SCS (see Neff, 2003a for details) indicated that all six subscales were highly inter-correlated, and a confirmatory factor analyses determined that a single higher-order factor of self-compassion explained these inter-correlations. This structure is interpreted to indicate that self-compassion is best considered a second-order trait that arises from a combination of subtraits rather than a pre-existing trait that leads to greater mindfulness, more kindness toward the self, and so on. In past research the SCS has demonstrated good internal consistency reliability (.92), as well as good test–retest reliability ($r = .93$) over a three week interval (Neff, 2003a). The internal consistency reliability obtained for the SCS in the current study was $\alpha = .94$.

2.1.2.2. Self-esteem. Participants received the 10-item Rosenberg self-esteem scale (RSE; Rosenberg, 1965), the most commonly used measure of global self-esteem (internal reliability was $\alpha = .87$).

2.1.2.3. Negative affectivity. This study employed the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988), a commonly used measure of mood in which participants are instructed to rate the degree to which various moods are being experienced at that particular point in time. The 10-item negative affect subscale, of interest in the current study, includes moods such as "upset," "ashamed" or "nervous." The PANAS Scales have been shown to be stable over an 8-week interval, and have also demonstrated good reliability and validity (Watson et al., 1988). The negative affect subscale evidenced internal reliability of $\alpha = .80$ in the current study.

2.1.2.4. Anxiety. The study employed the Speilberger State-Trait Anxiety Inventory—State form (Spielberger, Gorsuch, & Lushene, 1970), a commonly used 20-item anxiety questionnaire that has been found to have good psychometric properties (internal reliability was $\alpha = .93$).

2.1.2.5. Text analyses. Answers to the "greatest weakness" question were analyzed using a computerized text analysis program called Linguistic Inquiry and Word Count, or LIWC (Pennebaker et al., 2001). LIWC employs a word count strategy that searches for particular words or word stems. Over 70 different categories are examined, composed of words that have been previously categorized by independent judges. After counting the number of words in each category within a writing sample, the output converts the raw word counts into percentages of total words used. Four categories examined by LIWC were used for the purposes of this study: "First person singular" (pronouns such as I and me); "First person plural" (pronouns such as we and our); "Social references" (social words such as friend, talk or share): and "Negative emotions" (words such as nervous, angry or sad). Scores for each of the four categories were averaged across the first and second responses to the "greatest weakness" question for each participant.

2.2. Results and discussion

First, we looked for sex differences in levels of self-compassion using a one-way ANOVA, and none were found: $F(1, 90) = 0.19$, $p = .66$. Next, we calculated the degree of

change in anxiety that was experienced after completing the experimental task by regressing time two measurements of anxiety on time one measurements, and saving the standardized residual values. It was found that self-compassion was associated with significantly less anxiety after considering one's greatest weakness ($r = -.21$, $p < .05$). This association was still found to be significant when a partial correlation controlling for initial levels of negative affect was calculated ($r = -.23$, $p < .05$). In contrast, self-esteem was not a significant predictor of anxiety after considering personal weaknesses ($r = -.11$, $p = .32$). The correlation between self-compassion and anxiety was found to be stronger than the correlation between self-esteem and anxiety at a level of marginal significance: $t(88) = 1.44$, $p = .08$. To further distinguish self-compassion and self-esteem in terms of their association with anxiety, we conducted analyses that partialed out the effects of the shared variance between the two constructs. A partial correlation indicated that self-compassion was still significantly and negatively related to anxiety when controlling for self-esteem ($r = -.21$, $p < .05$). When controlling for self-compassion, it was found that self-esteem had a positive but insignificant association with anxiety ($r = .10$, $p = .36$). These results help confirm that self-compassion helps to buffer against anxiety in self-evaluative situations. In contrast, self-esteem does not appear to protect against self-evaluative anxiety. Although protection against anxiety is a much-lauded benefit of self-esteem (e.g., Mruk, 1999; Raskin & Rogers, 1995; Solomon, Greenberg, & Pyszczynski, 1991), this protective function does not appear to hold when the positive valence of one's self-evaluation is itself threatened.

In addition, it was found that participants' references to self and others when writing about their greatest weakness differed according to self-compassion levels. As expected, self-compassion was negatively correlated with use of first person singular pronouns such as "I" ($r = -.21$, $p < .05$). Self-compassion was also positively correlated with use of first person plural pronouns such as "we" ($r = .23$, $p < .05$) and with social references such friends, family, communication, and other humans ($r = .21$, $p \leqslant .05$). These results support the proposition that self-compassion involves a more interconnected and less separate view of the self, even when considering personal weaknesses. Thus, the "curse" of having a self-appears to be somewhat mitigated in self-compassionate individuals. Because past research has shown that use of first person plural pronouns and social references is linked to lower levels of depression (Rude et al., 2004) and better relationships (Sillars, Wesley, McIntosh, & Pomegranate, 1997), whereas use of first person singular pronouns is linked to elevated suicide rates (Stirman & Pennebaker, 2001; Stone & Pennebaker, 2002), these results also suggest that the psychological benefits of having a more interdependent self-concept are far-reaching. Note that self-esteem did not evidence a significant correlation with any of these language categories (all $ps > .05$). Also, self-compassion demonstrated no correlation with negative emotion words ($r = .00$, $p = .98$), providing support for the claim that self-compassion does not merely represent a lack of negative affect.

One reason that self-compassion may be more beneficial than self-esteem is that it tends to be available precisely when self-esteem fails. Personal flaws and shortcomings can be approached in a kind and balanced manner that recognizes that imperfection is part of the human condition, even when self-evaluations are negative. This means that self-compassion can lessen feelings of self-loathing without requiring that one adopt an unrealistically positive view of oneself (Leary et al., 2005)—a major reason why self-esteem enhancement programs often fail (Swann, 1996). Thus, increasing self-compassion should be an effective and sustainable way to counter chronic self-criticism.

Gilbert and colleagues have developed a compassion-based therapeutic approach to treating habitually self-critical individuals called Compassionate Mind Training (CMT; Gilbert & Irons, 2005). The approach helps clients develop the ability to soothe, reassure and feel warmth for the self's difficulties and imperfections. Although research on the effectiveness of the approach is still in its early stages, initial results suggest that CMT significantly reduces self-hatred and associated feelings of anxiety and depression, and may have a life-changing impact for those who practice being more self-compassionate (Gilbert & Proctor, 2005).

In fact, it could be argued that the construct of self-compassion is most useful when viewed as a skill that people can develop to facilitate mental health, rather than as a static personality trait. However, research by Neff and colleagues has thus far only examined the link between self-compassion and psychological health when assessed at a single time period. To explore the dynamic relation between self-compassion and enhanced well-being, we felt it would be fruitful to determine if changes in self-compassion are associated with changes in psychological health over time. The next study was designed to address this issue.

3. Study 2

The second study examined whether changes in self-compassion are linked to changes in well-being using a clinical technique known as the "Gestalt two-chair" exercise (Greenberg, 1983, 1992).[2] Although the Gestalt two-chair exercise was not explicitly designed to increase self-compassion, the goals of the intervention are highly relevant to the task. The intervention was created to assist clients in challenging maladaptive, self-critical beliefs, allowing them to become more empathic towards themselves (Safran, 1998). In this approach, two conflicting aspects of the self are given voice—a self-critical voice and an "experiencing" voice that feels criticized, so that each is allowed to express its own values, wants, and needs. The goal of the exercise is to arrive at a point where the part of the self that feels judged and unworthy "comes to know and appreciate itself …[so that one] feels compassion for the newly discovered vulnerable self" (Greenberg, 1983, p. 200).

Study 2 was designed so that individuals' SCS scores were obtained about one week prior to and again three weeks after participation in the "two-chair" exercise, under the guise of collecting data for an unrelated study. Participants also completed measures of several mental health variables that have previously been linked with self-compassion: self-criticism, social connectedness, depression, anxiety, rumination, and thought suppression (Neff, 2003a). This allowed us to determine if changes in self-compassion scores would be associated with changes in well-being after participation in the exercise. (Self-compassion was expected to have a negative correlation with both rumination and thought suppression because self-compassion requires that one take a balanced approach to one's emotional experience—that one neither run away with nor run away from one's feelings). We also examined the impact of increased self-compassion when controlling for associated changes in dispositional anxiety, because anxiety can be viewed as a trait measure of negative affectivity (Watson, Clark, & Carey, 1988).

[2] The data for Study 2 were collected by the second author (Kirkpatrick, 2005) for her dissertation project, which examined therapeutic interventions for self-criticism.

Another important feature of this study was that it allowed us to further establish construct validity for the SCS. With any self-report scale it is important to demonstrate that the scale actually measures what it intends to measure (McCrae, 1994). For instance, the SCS never mentions self-compassion explicitly, and instead self-compassion levels are inferred by examining responses to items designed to tap into self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. For this reason, we felt it would be useful to compare self-reported SCS scores to therapist ratings of self-compassion, and the Gestalt two-chair exercise afforded an excellent opportunity to obtain therapist assessments. Immediately after the exercise, therapists rated their impressions of the degree to which participants exhibited self-compassion at the start of the dialogue and at the completion of the dialogue. This allowed us to compare therapist ratings of participants' initial levels of self-compassion with SCS scores obtained prior to the exercise, and to compare therapist ratings of changes in self-compassion observed during the exercise with changes in SCS scores occurring after the exercise.

3.1. Methods

Participants included 40 undergraduate students, mainly female (2 men; 38 women; *M* age 21.05 years; $SD = 1.05$) from an educational-psychology subject pool at a large Southwestern university (the skewed gender distribution was the result of random assignment of available participants). The ethnic breakdown of the sample was 50% Caucasian, 23% Asian, 20% Hispanic, 5% Mixed Ethnicity, and 3% Other.

3.1.1. Procedures

3.1.1.1. General procedure. Participants were led to believe they were participating in two different studies conducted by separate researchers. The first study was described as an investigation into self-attitudes, in which participants filled out the SCS and other outcome measures on-line at two separate time periods approximately one month apart. The second study was described as an investigation of a Gestalt two-chair exercise for conflict resolution. The first set of measures was completed about one week before the exercise took place, and the second set of measures was completed approximately three weeks after the exercise.

3.1.1.2. Two-chair dialogue. The Gestalt two-chair dialogue was conducted by an experienced counseling graduate student (there were two therapists in total), following a standard protocol as set out by Greenberg (for a full description of the two-chair method, see Clarke & Greenberg, 1986).

Sessions began with a brief rapport-building time and introduction to what would take place in the session. The participant was then asked to think about a situation in which he/she was self-critical. Once that perspective or "voice" was defined, the therapist helped the participant to identify a second voice that responded to the criticism. With guidance from the therapist, participants then conducted a dialogue between the two voices, alternating between two designated chairs when speaking from each perspective. After the conflict was well-established, the therapist began coaching the two voices in noticing and "really hearing" the feelings of the other. The dialogue was terminated when the therapist determined that the conflict had reached some resolution, or when it became apparent that no such resolution was likely to occur (this is standard procedure for the

two-chair exercise; Clarke & Greenberg, 1986). The therapist usually ended by asking if either voice had anything else to say, and then verifying that this would be a good place to stop. The large majority of interventions lasted between 20 and 30 min, although some took more or less time depending on when/if a resolution was reached (the range was 15–60 min). Therapists checked to ensure the well-being of participants before leaving. In a few cases, participants were given contact information for the university counseling center.

3.1.1.3. Therapist ratings of participants' self-compassion levels. Immediately following the exercise, therapists rated the level of self-compassion they thought each participant displayed at the start and end of the exercise on a scale of 1 (Not at all self-compassionate) to 5 (Very self-compassionate). Both therapists were trained to understand what self-compassion entailed, and they both had an in-depth knowledge of the construct. Therapists made an intuitive judgment of each participant's overall level of self-compassion as displayed at the beginning and end of the exercise, basing their assessments on the degree to which participants displayed self-kindness, a sense of common humanity, and mindfulness as opposed to self-judgment, isolation, and over identification with negative thoughts and emotions.

3.1.2. Self-report measures

3.1.2.1. Self-compassion. Participants were given the 26-item SCS described in Study 1.

3.1.2.1.1. Self-criticism. Participants were given the Self-Criticism subscale of Blatt, D'Afflitti, and Quinlan (1976) Depressive Experiences Questionnaire (DEQ). The scale measures the degree of agreement with statements such as "I tend to be very critical of myself" and "I have a difficult time accepting weaknesses in myself." The scale has been shown to have high internal reliability and test–retest reliability in prior research (Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982).

3.1.2.2. Connectedness. The Social Connectedness Scale (Lee & Robbins, 1995) measures the degree of interpersonal closeness that individuals feel between themselves and other people, both friends and society. Sample items include: "I feel disconnected from the world around me" and "I don't feel related to anyone." Higher scores represent a stronger sense of belonging. The scale has been shown to have good internal and test–retest reliability (Lee & Robbins, 1995, 1998).

3.1.2.3. Anxiety. The study employed the Speilberger State-Trait Anxiety Inventory—Trait form (Spielberger et al., 1970), a commonly used 20-item anxiety questionnaire that has been found to have good psychometric properties.

3.1.2.4. Depression. The study used the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), a well-known 21-item depression measure. The test–retest reliability, internal consistency, and validity of the BDI is well-established (Beck, Steer, & Garbin, 1988).

3.1.2.5. Rumination. Rumination was measured using the Ruminative Responses scale (Butler & Nolen-Hoeksema, 1994) composed of ten items. Respondents are asked to indicate how often (almost never, sometimes, often, or almost always) they think or do what is described, such as "think about how sad you feel," or "think about why you always react

this way." Internal reliability based on item-total correlations is high (Butler & Nolen-Hoeksema, 1994).

3.1.2.6. Thought suppression. Thought suppression was measured with the White Bear Suppression Inventory (Wegner & Zanakos, 1994), a 15-item instrument that assesses efforts to avoid unwanted thoughts and ideas. The scale has been shown to have adequate reliability and validity (Muris, Merckelbach, & Horselenberg, 1996).

3.2. Results and discussion

To determine if changes in self-compassion that participants experienced over the month-long interval were associated with changes in well-being, we correlated changes in SCS scores with changes in all other outcome variables (calculated by regressing the post-exercise set of scores on the pre-exercise set of scores and saving the residual values). Results (shown in the first column of Table 1) indicate that those who experienced an increase in self-compassion also experienced increased social connectedness and decreased self-criticism, depression, rumination, thought suppression, and anxiety. As can be seen in the second column of Table 1, moreover, most of these associations remained after controlling for changes in anxiety. The one exception was depression, an unsurprising finding given the substantial overlap between measures of anxiety and depression (Gotlib & Cane, 1989). Note that the negative association between changes in self-compassion and thought suppression was particularly robust after controlling for anxiety, suggesting that increased self-compassion when facing difficult thoughts is associated with a reduced need to avoid painful cognitions. These findings highlight the importance of increasing self-compassion as a means to help individuals escape the harmful consequences of harsh self-judgment and promote psychological resilience.

Next, we examined whether or not there was significant concordance between therapist ratings of participants' initial self-compassion levels and Time 1 self-reported SCS scores. The association between these two methods of assessing self-compassion was significant ($r = .32$, $p < .05$). We then calculated the correlation between changes in participants' self-compassion levels over the course of the 1 h exercise as rated by therapists, and changes in SCS scores from one week before the exercise to three weeks after (calcu-

Table 1
Correlations between changes in self-compassion scores and changes in mental health over a one month interval

Measure	Zero order *r*	Controlling for changes in anxiety
Self-criticism	−.61**	−.39**
Connectedness	.35*	.29*
Depression	−.31*	−.16
Rumination	−.40**	−.20†
Thought suppression	−.55**	−.55**
Anxiety	−.61**	—

* $p < .05$.
** $p < .01$.
† $p < .10$.

lated as standardized residuals). The correlation between these two methods of assessing change in self-compassion was also significant ($r = .31$, $p \leqslant .05$). Because participants were drawn from a subject pool and were likely not as self-revealing as they would have been had they been seeking help in a clinical setting, the fact that an association was found between self-reported SCS scores with therapist assessments of self-compassion is impressive. These results therefore provide strong support for the construct validity of the SCS.

4. General discussion

The studies presented in this article helped to establish that self-compassion is linked to adaptive psychological functioning. Self-compassion helped protect against self-evaluative anxiety when considering personal weaknesses, and increases in self-compassion were associated with increases in other markers of mental health. Significantly, it was demonstrated in both studies that the beneficial correlates of self-compassion could not be fully explained by lower levels of negative affectivity, helping to establish the incremental validity of the construct. These studies also employed diverse measurement modalities and did not rely wholly on the use of self-report scales. In Study 1, the language use of high SCS scoring individuals reflected less individualistic and more social concerns. In Study 2, therapist ratings of self-compassion correlated with SCS scores given in a context that participants were led to believe was unrelated to the therapy exercise. This evidence cannot be explained in terms of response biases that may affect self-reports, and provides confidence in the SCS as a valid measure of self-compassion.

Although research using the SCS is a useful starting point for examining the benefits of naturally occurring variation in self-compassion levels, there are limits to this approach. Experimental designs should also be used to gain support for the proposed link between self-compassion and well-being (e.g., comparing outcomes for a randomly assigned experimental group trained in self-compassion to those of a control group). Another limitation of the present studies is that they were conducted with largely middle-class American college undergraduates. Although this is a common limitation in psychological research, it is nonetheless important that studies be done among other age, cultural, and social-economic groups. Study 2 was also limited by the fact that almost all participants were female, and results will need to be replicated with males to ensure the generalizability of results. Future research should also examine the various subcomponents of self-compassion to determine how they may differentially predict well-being. From a clinical perspective, especially, it would be important to determine if particular aspects of self-compassion are lacking in certain clinical populations, or which are most effectively targeted by different intervention techniques.

Other avenues of investigation should include determining why some individuals seem to be more self-compassionate than others, so that the dispositional and environmental conditions that help or hinder the development of self-compassion can be better understood. Research by Baldwin and colleagues (Baldwin, 1992; Baldwin & Holmes, 1987; Baldwin & Sinclair, 1996) suggests that individuals develop cognitive schemas for self-to-self relating based on their prior interpersonal interactions with attachment figures, so that experiences with others who are accepting or critical become internalized and expressed as self-acceptance or self-criticism. It is likely that these sorts of attachment experiences play a role in the degree to which individuals are compassionate with

themselves (Gilrath, Shaver, & Mikulincer, 2005). Gilbert et al. (2004) recently examined the ease with which individuals can access self-reassuring imagery (presumably based on past interpersonal interactions), and found that individuals who easily generate clear images invoking self-warmth are less likely to be chronically self-critical.

There are likely to be many techniques that can be drawn upon to help increase self-compassion. Mindfulness-based therapeutic techniques are certainly relevant (e.g., Hayes, Strosahl, & Wilson, 1999; Linehan, 1993; Segal, Williams, & Teasdale, 2002), as they typically include an explicit focus on accepting the self and one's difficult emotions with a non-judgmental and compassionate attitude. Recall that increased self-compassion after participating in an MBSR course has already been demonstrated (Shapiro et al., 2005). The Compassionate Mind Training (CMT) approach (Gilbert & Irons, 2005) also appears to be highly promising. Interestingly, CMT employs a variation of the Gestalt two-chair dialogue discussed previously, but with a third chair designated for the voice of compassion.

It is worth considering whether self-compassion is ever maladaptive. For example, the "stiff upper-lip" attitude celebrated in the war epic "Zulu" may be more useful than self-compassion in wartime situations, when stopping to hold one's suffering in compassionate awareness may be counter-productive. There may also be times when self-compassion is used as a cover for less adaptive emotions, especially when clear self-awareness is lacking. For instance, self-pity can easily masquerade as self-compassion if one does not sufficiently recognize the shared nature of human experience. Similarly, self-compassion may be confused with self-indulgence or laziness if the steps needed to ensure one's health and well-being are not adequately acknowledged. This is one reason why any approach attempting to enhance self-compassion should include all of its major elements, so that an understanding of interconnectedness and mindful awareness is developed alongside increased self-kindness.

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