Kristin D. Neff and Marissa C. Knox Department of Educational Psychology, The University of Texas at Austin, Austin, TX, USA

Synonyms

Self-acceptance; Self-care; Self-kindness; Self-love; Self-worth

Definition

Self-compassion involves relating to oneself with care and support when we suffer. Neff (2003b) defines self-compassion as consisting of three central components: self-kindness versus selfjudgment, common humanity versus isolation, and mindfulness versus overidentification. These elements combine and mutually interact to create a self-compassionate frame of mind when encountering personal mistakes, perceived inadequacies, or various experiences of life difficulty. Self-kindness entails being loving, gentle, and understanding toward oneself and involves actively soothing and comforting oneself in times of struggle. This response stands in contrast to a self-critical approach in which one judges or blames oneself for not being good enough or for not coping well enough with life challenges. Selfcompassion involves framing one's experiences

of imperfection in light of the shared human experience, accepting that all people struggle in some form or another. Rather than seeing oneself as a separate, unworthy individual, self-compassion involves recognizing that one's experience of imperfection is connected to the experience of imperfection shared by all humanity. Instead of feeling cut off and isolated from others in times of loss or failure, self-compassion fosters a deep sense of belonging. Finally, self-compassion entails a balanced, mindful response to distress that neither stifles and avoids nor amplifies and ruminates on uncomfortable emotions. Rather than running away with the narrative or storyline of one's problems and shortcomings, selfcompassion involves maintaining equanimity in the face of unpleasant experiences, opening up to life as it is in the present moment. Compassion can be extended toward oneself when suffering occurs through no fault of one's own – when the external circumstances of life are simply painful or hard to withstand. Self-compassion is equally relevant, however, when suffering stems from one's own mistakes, failures, or personal limitations.

Introduction

While compassion is extolled as a virtue in Western culture, people are often skeptical of selfcompassion and tend to be much less kind to themselves than they are to others (Neff 2003a). Although self-compassion is sometimes confused with self-pity, self-indulgence, and an excuse for passivity, self-compassion is actually the antithesis of these ways of being. Self-compassion allows one to meet life with an open-hearted stance in which the boundaries between self and other are softened so that all human beings are considered worthy of compassion, including oneself. This allows for greater emotional resilience and psychological well-being. Western psychologists have only recently become interested in selfcompassion, although the construct is central to the 2,500-year-old tradition of Buddhism. Interest in self-compassion has also been fueled by a larger trend toward integrating Buddhist constructs such as mindfulness with Western psychological approaches, exemplified in interventions such as Mindfulness-Based Stress Reduction. While mindfulness has received more research attention than self-compassion, research on the latter construct is growing at an exponential rate. It should be noted that mindfulness and selfcompassion are intimately linked, however. Mindfulness refers to the ability to pay attention to one's present-moment experience in a nonjudgmental manner. Self-compassion entails holding negative self-relevant emotions in mindful awareness but also involves generating feelings of kindness toward oneself and insight into the interconnected nature of the human experience.

Methods of Researching Self-Compassion

Most research on self-compassion has been conducted using a self-report measure developed to facilitate research on the construct called the Self-Compassion Scale (Neff 2003a). The scale has been translated into several languages including Dutch, French, German, Greek, Turkish, Italian, Portuguese, Brazilian Portuguese, Spanish, Japanese, Korean, Chinese, and Farsi. The scale can be used to measure overall self-compassion levels, given that approximately 90% of item variance can be explained by a general self-compassion factor (Neff et al. 2017). However, the six subscales of self-kindness, self-judgment, common humanity, isolation, mindfulness, and

overidentification can also be examined separately. Increasingly, researchers are also using methods like temporarily inducing a self-compassionate mood, observing the level of self-compassion displayed in behavior, as well as short-term and long-term self-compassion interventions as a means of examining the impact of self-compassion on well-being, with findings tending to converge regardless of the particular method of study used.

Self-Compassion and Well-Being

Although self-compassion is focused on the alleviation of suffering, it can be considered a positive psychological strength. Self-compassion is an important source of eudaimonic happiness, which involves finding purpose and meaning in one's life rather than pursuing pleasure and avoiding pain. Self-compassion does not avoid pain but rather embraces it with loving kindness and goodwill, generating a sense of well-being that is rooted in the experience of being fully human. In this way, self-compassion is reminiscent of Abraham Maslow and Carl Rogers' conceptions of a healthy person, which emphasize unconditional self-acceptance and ambition to reach one's full potential. It is also an important inner resource that helps individuals to find hope and inner strength when faced with the difficulties of life.

One of the most consistent findings in the research literature is that greater self-compassion is linked to less depression, anxiety, and stress. In fact, a meta-analysis (MacBeth and Gumley 2012) found a large effect size when examining the link between self-compassion and psychopathology across 20 studies. Self-compassionate people are also less likely to ruminate on their negative thoughts and emotions or suppress them compared to those low in self-compassion. Interestingly, time-lag analyses suggest that among depressed people, greater self-compassion predicts fewer depressive symptoms but depressive symptoms do not predict self-compassion (Krieger et al. 2016). In addition to reducing negative mind states, self-compassion appears to

reinforce positive states. A recent meta-analysis (Zessin et al. 2015) examined how selfcompassion relates to both positive and negative well-being and found a medium effect size across 79 samples. For example, self-compassion is associated with feelings of life satisfaction, happiness, wisdom, optimism, gratitude, curiosity, creativity, and positive affect. Self-compassion is also associated with greater emotional intelligence, suggesting that self-compassion represents a more perceptive way of dealing with difficult feelings. By meeting one's suffering with the warm embrace of self-compassion, positive feelings are generated at the same time that negative emotions are alleviated. Self-compassion also appears to be an important source of coping and resilience in the face of various life stressors such as divorce, chronic pain, or combat exposure (see Neff and Seppala 2016 for a review).

Self-Compassion and Self-Esteem

In many ways, self-compassion is a useful alternative to the construct of self-esteem, providing similar psychological health benefits while avoiding its more problematic aspects (see Neff 2011 for a review). The pursuit of high selfesteem is often associated with inflated and inaccurate self-concepts, making self-improvement difficult. Individuals may put others down in order to feel better about themselves, with high rather than low self-esteem being associated with narcissism and prejudice. High self-esteem is also associated with anger and aggression toward those perceived to threaten the ego. Because self-esteem may be contingent on success in particular domains, it tends to falter in failure situations, leading to unstable feelings of self-worth. In contrast, self-compassion is not based on selfevaluations, social comparisons, or personal success. Rather, it stems from feelings of human kindness and understanding in the face of life's disappointments. For this reason, self-compassion does not require feeling "above average" or superior to others and provides emotional stability when confronting personal inadequacies. Selfcompassion displays a moderate correlation with

self-esteem, as should be expected given that both constructs tap into positive self-affect. However, self-compassion is a stronger predictor of healthy self-relating than self-esteem, including more stable and less contingent self-worth, less narcissism, anger, social comparison, and public self-consciousness.

Self-Compassion and Motivation

A common reason people are not more selfcompassionate is because they believe they need to be harshly self-critical in order to motivate themselves. Research supports just the opposite conclusion (see Neff and Seppala 2016 for a review). In academic contexts, for instance, selfcompassion is positively associated with mastery goals, which focus on 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. It is also associated with less fear of failure and the tendency to try again when failure does occur. By not harshly judging the self or blowing one's failures out of proportion, selfcompassion engenders self-confidence in one's ability to learn and lessens the negative emotional impact of failure. While self-compassion is negatively related to perfectionism, it has no association with the level of performance standards adopted for the self. Self-compassionate people aim just as high but also recognize and accept that they cannot always reach their goals. 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. This boost in self-compassion resulted in more motivation to change for the better, try harder to learn, repair past harms, and avoid repeating past mistakes. Thus, self-compassion does not involve being passive or complacent but encourages doing one's best in order to thrive.

Self-Compassion and Health

Another common reason people are not more selfcompassionate is because they believe it will encourage self-indulgence. However, compassion appears to promote health-related behaviors. For instance, research suggests that self-compassion is associated with behaviors like seeking medical treatment when needed, exercising regularly, and reduced smoking and alcohol use (Allen and Leary 2014). In addition to promoting healthy behaviors, self-compassion may directly enhance physical health - especially in response to stress. Research suggests individuals with higher levels of self-compassion display better immune function and demonstrate improved sympathetic and parasympathetic responses when exposed to social stressors (Arch et al. 2014). For individuals with diabetes, self-compassion provides a buffer against the negative physiological effects of distress on HbA1c, indicating better metabolic control (Friis et al. 2015). Thus, selfcompassion appears to heighten both physical and mental well-being.

Self-Compassion and Body Image

The empirical literature suggests that selfcompassion is linked with healthier attitudes and behaviors toward one's body. Researchers conducted a meta-analysis and completed a review of 28 studies (Braun et al. 2016). Findings suggest that self-compassion is a protective factor against eating pathology and negative body image for both clinical and nonclinical populations of women with body image concerns. For example, self-compassionate women experience less body dissatisfaction, body shame, and body preoccupation and have fewer weight worries. Selfcompassion decreases disordered eating habits and promotes intuitive eating, which is a healthier alternative to the extreme and restrictive diets associated with physical and psychological distress. Breast cancer patients with higher selfcompassion exhibit lower body image disturbance, and self-compassionate female athletes have lower social physique anxiety

objectified body consciousness. Research supports self-compassion as a crucial factor in counteracting maladaptive psychological processes that undermine well-being such as body comparison, body shaming, thin-ideal internalization, self-objectification, and self-degrading body talk (Webb et al. 2016).

One study of women with body image concerns found that 3 weeks of self-compassion meditation training not only decreased body dissatisfaction but also increased body appreciation and reduced the extent to which women based their self-worth on their perceived appearance (Albertson et al. 2014). Individuals with binge eating disorder that completed a 1-day self-compassion intervention benefited from reduced eating and weight concerns and less binge eating behaviors (Kelly and Carter 2015). With self-compassion individuals can embrace and care for their bodies to feel healthy and whole.

Self-Compassion and Relations with Others

Self-compassion not only benefits the individual but also others within interpersonal relationships. Among heterosexual romantic partners, self-compassionate individuals described by partners as being more emotionally connected, accepting, and autonomy supporting while being less detached, controlling, and verbally aggressive (Neff and Beretvas 2013). Individuals also tend to be more satisfied in their relationships if their partners compassionate. Self-compassionate individuals are more likely to compromise in conflict situations with parents, friends, and romantic partners, while those lacking self-compassion tend to subordinate their needs to partners. They also experience greater psychological well-being in their relationships, feel more authentic, and experience less turmoil when resolving relationship conflict (Yarnell and Neff 2013).

While more research on this topic is needed, preliminary findings suggest that self-compassion is linked to greater forgiveness, perspective taking, altruism, empathetic concern, and decreased

personal distress in response to others' suffering (Neff and Pommier 2013). The link between selfcompassion and compassion for others is not as strong as might be expected, however, because most people are much more compassionate to others than they are to themselves. Still, selfcompassion appears to be an important asset for caregivers because it sustains and expands the capacity to be there for others. For instance, selfcompassionate caregivers have been found to suffer less from burnout, to experience increased well-being, and to be more satisfied with their caregiving roles (Raab 2014). Additionally, selfcompassion may be a protective factor for nurses by moderating the relationship between personal distress and empathetic concern with compassion fatigue. Thus, giving oneself compassion appears to provide the emotional resources needed to care for others.

Source of Individual Differences in Self-Compassion

Research shows that individual differences in levels of self-compassion are partly tied to early childhood experiences. People who lack selfcompassion are likely to have critical mothers, to come from dysfunctional families, and to display insecure attachment patterns or to experience childhood trauma (Germer and Neff 2015). There also appears to be age differences in selfcompassion. One study found self-compassion to increase with age and that in older adults between ages 59 and 95, self-compassion predicted psychological well-being and moderated the relationship between overall health and depression (Homan 2016). However, it appears that selfcompassion offers resilience across the lifespan. For instance, after a stress test, adolescents with higher self-compassion reported greater emotional well-being and exhibited a lower physiological stress response (Bluth et al. 2016). In a longitudinal study on at-risk youth, selfcompassion was found to be a protective factor for suicidality, depression, and post-traumatic stress and panic symptoms (Zeller et al. 2015). A meta-analysis (Yarnell et al. 2015) looked at gender differences in self-compassion across 88 samples and found a small effect size. Results indicated that women have slightly lower self-compassion, and this difference is larger in samples with greater proportions of ethnic minorities. Although researchers should take this gender difference into account when designing interventions, it is important note that this difference is quite small.

There has been a small amount of research exploring whether self-compassion levels differ across cultures. Neff et al. (2008) examined selfcompassion and psychological well-being in Thailand, Taiwan, and the United States. Mean self-compassion levels were highest in Thailand and lowest in Taiwan, with the United States falling in between. In all three cultures, greater self-compassion significantly predicted less greater depression life and satisfaction, suggesting that there may be universal benefits to self-compassion despite cultural differences in its prevalence. More research in this area is needed to better understand how self-compassion is experienced across cultures.

Self-Compassion in Clinical Contexts

Self-compassion appears to be an important mechanism of action in various forms of therapy and may have important implications for understanding the therapeutic process in general (Germer and Neff 2013). Paul Gilbert has created a therapeutic approach based on evolutionary psychology called Compassion-Focused Therapy (Gilbert 2010), which helps clients develop the skills and attributes of a self-compassionate mind, especially when their more habitual form of self-to-self relating involves shame and selfattack. A recent review (Leaviss and Uttley 2015) of 14 studies found CFT to be beneficial to wellbeing particularly for those high in self-criticism in most cases. Acceptance and Commitment Therapy is another clinical technique that focuses on promoting psychological flexibility and selfcompassion through six central processes including defusion, acceptance, attention to the present moment, self-awareness, values, and committed action (Hayes et al. 2011).

Self-Compassion Interventions

Given the demonstrated benefits of selfcompassion, there is now increasing focus on how to teach others to become more selfcompassionate. Chris Germer and Kristin Neff have developed an 8-week program called Mindful Self-Compassion, which explicitly teaches people how to be more self-compassionate in their daily lives (Germer and Neff 2013). A randomized controlled trial of the program (Neff and Germer 2013) found it significantly increased self-compassion, mindfulness, compassion for others, and life satisfaction while decreasing depression, anxiety, stress, and emotional avoidance compared to a control group. All gains in outcomes were maintained at 6 months and 1-year follow-up.

Other studies have found brief self-compassion interventions to be effective for a range of populations. For instance, female college students who participated in a 3-week self-compassion program showed increased self-compassion, life satisfaction, optimism, self-efficacy, and decreased rumination and worry (Smeets et al. 2014). Similarly, individuals vulnerable to depression who completed brief self-compassion exercises every day for a week reported less depression and greater happiness at 3 months and 6 months follow-up (Shapira and Mongrain 2010). Brief self-compassion training has also been found to be helpful for women with body image concerns (Albertson et al. 2014; Kelly and Carter 2015).

In the same vein, short-term writing interventions that induce a self-compassionate mindset have been shown to reduce negative emotions. In one study, participants were asked to think about unfavorable experiences of failure, rejection, humiliation, and loss and reflect on them in response to three prompts that were designed to engender feelings of self-kindness, common humanity, and mindfulness. Results indicated that individuals in the self-compassionate writing

condition reported less negative affect and greater equanimity in response to discussing upsetting life events (Leary et al. 2007). This approach to self-compassionate writing has been the model for several other studies that have also found beneficial results. For example, Johnson and O'Brien (2013) asked shame-prone individuals to recount an experience of shame and respond to selfcompassionate writing prompts about this event. Participants in the self-compassionate writing condition exhibited significantly less shame and less negative affect compared to participants in an expressive writing condition. In summary, it appears that self-compassion can be taught to individuals to help them cope with negative emotional experiences in an emotionally productive manner.

Conclusion

Self-compassion appears to be a trainable skill that has immense potential for helping people to thrive. Given that as human beings we cannot be perfect, avoid mistakes, reach all our goals, or avoid hardship in life, self-compassion is an invaluable tool for relating to suffering with a sense of kind, connected presence that makes our troubles easier to bear. For this reason, it is likely that there will continue to be intense interest in studying the mental, emotional, and physical health benefits of self-compassion in a wide variety of life domains.

Cross-References

- **▶** Compassion
- **▶** Mindfulness
- ► Self-Concept
- ► Self-Esteem

References

Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2014). Self-compassion and body dissatisfaction in

women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, 6, 1–11.

- Allen, A. B., & Leary, M. R. (2014). Self-compassionate responses to aging. *The Gerontologist*, 54(2), 190–200.
- Arch, J. J., Brown, K. W., Dean, D. J., Landy, L. N., Brown, K. D., & Laudenslager, M. L. (2014). Selfcompassion training modulates alpha-amylase, heart rate variability, and subjective responses to social evaluative threat in women. *Psychoneuroendocrinology*, 42, 49–58.
- Bluth, K., Roberson, P. N., Gaylord, S. A., Faurot, K. R., Grewen, K. M., Arzon, S., & Girdler, S. S. (2016). Does self-compassion protect adolescents from stress? *Journal* of Child and Family Studies, 25(4), 1098–109.
- Braun, T. D., Park, C. L., & Gorin, A. (2016). Self-compassion, body image, and disordered eating: A review of the literature. *Body Image*, 17, 117–131.
- Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality* and Social Psychology Bulletin. doi:10.1177/ 0146167212445599.
- Friis, A. M., Johnson, M. H., Cutfield, R. G., & Consedine, N. S. (2015). Does kindness matter? Self-compassion buffers the negative impact of diabetes-distress on HbA1c. *Diabetic Medicine*, 32(12), 1634–1640.
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856–867. doi:10.1002/jclp.22021.
- Germer, C. K., & Neff, K. D. (2015). Cultivating self-compassion in trauma survivors. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, D. I. Rome, V. M. Follette, et al. (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices* (pp. 43–58). New York: Guilford Press.
- Gilbert, P. (2010). Compassion focused therapy: Distinctive features. London: Routledge.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). Acceptance and commitment therapy: The process and practice of mindful change. New York: Guilford Press.
- Homan, K. J. (2016). Self-compassion and psychological well-being in older adults. *Journal of Adult Develop*ment, 23(2), 111–119.
- Johnson, E. A., & O'Brien, K. A. (2013). Self-compassion soothes the savage EGO-threat system: Effects on negative affect, shame, rumination, and depressive symptoms. *Journal of Social and Clinical Psychology*, 32(9), 939–963.
- Kelly, A. C., & Carter, J. C. (2015). Self-compassion training for binge eating disorder: A pilot randomized controlled trial. *Psychology and Psychotherapy: The*ory, Research and Practice, 88(3), 285–303.
- Krieger, T., Berger, T., & Holtforth, M. G. (2016). The relationship of self-compassion and depression: Crosslagged panel analyses in depressed patients after outpatient therapy. *Journal of Affective Disorders*, 202, 39–45.
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of

- treating oneself kindly. Journal of Personality and Social Psychology, 92, 887–904.
- Leaviss, J., & Uttley, L. (2015). Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. Psychological Medicine, 45(05), 927–945.
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32, 545–552.
- Neff, K. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. Self and Identity, 2(2), 85–101.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250.
- Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. Social and personality psychology compass, 5(1), 1–12.
- Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity*, 12(1), 78–98.
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful selfcompassion program. *Journal of Clinical Psychology*, 69(1), 28–44.
- Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, 39(3), 267–285.
- Neff, K. D., & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. Self and Identity, 12(2), 160–176.
- Neff, K. D., & Seppala, E. (2016). Compassion, well-being, and the hypo-egoic self. In K. W. Brown & M. Leary (Eds.), *The Oxford handbook of hypo-egoic phenomena* (pp. 189–203). New York: Oxford University Press.
- Neff, K. D., Whittaker, T. A., & Karl, A. (2017). Examining the factor structure of the Self-Compassion Scale in four distinct populations: Is the use of a total scale score justified?. *Journal of Personality Assessment*, 1–12.
- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, 20(3), 95–108.
- Shapira, L. B., & Mongrain, M. (2010). The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *The Journal of Positive Psychology*, 5, 377–389.
- Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014).
 Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, 70(9), 794–807.
- Webb, J. B., Fiery, M. F., & Jafari, N. (2016). You better not leave me shaming!: Conditional indirect effect analyses of anti-fat attitudes, body shame, and fat talk as a

function of self-compassion in college women. *Body Image*, 18, 5-13.

- Yarnell, L. M., & Neff, K. D. (2013). Self-compassion, interpersonal conflict resolutions, and well-being. Self and Identity. doi:10.1080/15298868.2011.649545.
- Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. (2015). Meta-analysis of gender differences in self-compassion. Self and Identity, 14(5), 499–520.
- Zeller, M., Yuval, K., Nitzan-Assayag, Y., & Bernstein, A. (2015). Self-compassion in recovery following potentially traumatic stress: Longitudinal study of at-risk youth. *Journal of Abnormal Child Psychology*, 43(4), 645–53.
- Zessin, U., Dickhauser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*. doi:10.1111/aphw.12051.