

- Skinner, B. F. (1987). Whatever happened to psychology as the science of behavior? *American Psychologist*, 42, 780-786.
- Smith, B. H. (1988). *Contingencies of value: Alternative perspectives for critical theory*. Cambridge, MA: Harvard University Press.
- Smith, R. (1997). *The Norton history of the human sciences*. New York: Norton.
- Sokal, A., & Bricmont, J. (1998). *Fashionable nonsense: Postmodern intellectuals' abuse of science*. New York: Picador.
- Weimer, W. B. (1979). *Notes on the methodology of scientific research*. Hillsdale, NJ: Erlbaum.
- Wilber, K. (1998). *The marriage of sense and soul: Integrating science and religion*. New York: Random House.



Self-Compassion and Psychological Well-Being

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This article defines the construct of self-compassion, derived from Buddhist psychology, and provides an overview of research conducted with the Self-Compassion Scale. 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. Research indicates that self-compassion is significantly associated with positive mental health benefits and adaptive functioning. The distinction between self-compassion and "imposter phenomena" such as self-indulgence or self-pity are discussed.

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Self-Compassion and Psychological Well-Being

Recently, there has been a large amount of interest in the mental health benefits of mindfulness (Brown & Ryan, 2003). Mindfulness, which involves bringing a certain quality of attention to moment-by-moment experience (Kabat-Zinn, 1990), is a central feature of Buddhist meditation practice and philosophy (Bennett-Goleman, 2001; Hahn, 1976; Kornfield, 1993; Rosenberg, 1999). Much of the interest in mindfulness has been sparked by the success of Mindfulness-Based Stress Reduction (MBSR), a widely used program aimed at the management of chronic pain and the treatment of stress disorders (Kabat-Zinn, 1982; Shapiro, Schwartz & Bonner, 1998; Williams, Kolar, Reger & Pearson, 2001). Mindfulness has also been incorporated into the psychological treatment of a large variety of clinical conditions such as depression, anxiety, or eating disorders (Kristheller & Hallett, 1999; Linehan, 1993; Segal, Williams & Teasdale, 2002; Wells, 2002). While interest in mindfulness is leading to innovative ways of understanding and fostering mental well-being, there is another central feature of Buddhist practice and philosophy that has so far received relatively little research attention: self-compassion.

In the West, people usually think of having compassion for others, but in the Buddhist tradition it is stressed that an individual must have compassion for the self in order to have the emotional resources available to give compassion to others (Bennett-Goleman, 2001; Brach, 2003; Hanh, 1997). In fact, from the Buddhist perspective that self and other are interdependent, it is pointless to have compassion for others but not the self as this sets up a false dichotomy between self and others (Salzberg, 1997).

What is Self-Compassion?

The definition of self-compassion (Neff, 2003b) is not fundamentally different than the definition of compassion in general. Compassion occurs when you are touched by the suffering of another, when you let someone else's pain into your heart rather than ignoring it or avoiding it. When this occurs, feelings of kindness and caring for the person's welfare spontaneously arise. When compassion is experienced for someone who has made a mistake or performed a misdeed, it means that an open-minded, non-judgmental attitude is taken towards the person as opposed to an attitude of harsh criticism or severe judgment towards them. Another unique feature of compassion is that you recognize your shared humanity with another person. When you see someone who has failed or who is suffering,

instead of saying, "That's terrible but thank goodness it's not my problem," you say, "There but for fortune go I."

When we apply these concepts to the self, it means that self-compassion requires that we are touched by our own suffering. We don't ignore or repress our own pain, but stop to realize "this is really difficult, I'm going through a lot right now." It also means that we desire well-being for ourselves and feel compelled to help heal our own pain. When we fail or make mistakes, it means that we have a kind and understanding attitude towards ourselves that accepts our limitations and imperfections rather than harshly judging ourselves. Finally, it means that we see our personal experience in light of the common human experience. Instead of feeling isolated and separated from others when we fail or are suffering, we stop to realize that many others feel what we are feeling - it's all part of being human.

One benefit of framing personal experience in light of shared human experience is that it reduces the tendency for "over-identification." Over-identification is a process in which your sense of self becomes so immersed in subjective emotional reactions that you are carried away by your emotions, which tend to become exaggerated as a result (Bennett-Goleman, 2001). The process of self-compassion, in contrast, requires that you step outside yourself to give yourself kindness and see your experience as part of the larger human experience. This means that you are taking the position of an "other" towards yourself, thus breaking the cycle of over-identification. This more objective stance allows you to put your personal experiences into greater perspective (especially when you compare your own situation to those of others who are far worse off), so that the extent of your suffering is seen with greater balance and clarity.

For these reasons, self-compassion can be said to incorporate mindfulness (although it cannot be reduced to mindfulness.) Mindfulness is a balanced state of moment-to-moment awareness in which you don't avoid your feelings, nor do you run away with them. Instead, you have just the right amount of distance from your emotions - not too close and not too far (Goldstein & Michaels, 1985; Scheff, 1981). This distance provides the mental space needed to non-judgmentally observe your thoughts and feelings as they arise, while still being aware of and connected to your feelings. It is clear that self-compassion helps to engender and is engendered by mindfulness. If you have compassion for yourself, it means you aren't ignoring your pain - you have to pay attention to your pain in order to give yourself kindness - but neither are you becoming carried away by your pain.

To summarize, the main components of self-compassion are (Neff, 2003b): (a) extending kindness and understanding to the self in instances of pain or failure rather than harsh judgment and self-criticism, (b) seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) holding one's painful thoughts and feelings in mindful awareness rather than over-identifying with them.

What Self-Compassion Is Not

It's important to clarify some common misconceptions concerning self-compassion. First, self-compassion is not the same as self-indulgence. In interviews I've conducted over the course of my research, most people say they are a lot harder on themselves than they are on others (Neff, 2003a). When asked why, they say they are afraid that if they are too kind to themselves they will become self-indulgent, that they will let themselves get away with anything. They feel that by beating themselves up emotionally they will be a better person. Of course, all that usually happens when people do this is that they end up feeling bad about themselves, as criticism isn't really an effective motivating force (Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982). In fact, if you always criticize yourself you may not be willing to take a good clear look at yourself and see where you need to change because you will be too afraid of the consequences – that you will hit yourself over the head with an emotional hammer if you recognize your shortcomings (Horney, 1950). In contrast, self-compassion should provide the emotional safety needed to see yourself clearly, so that you are actually better able to identify needed areas of change and growth. In this case, one's motivation would not stem from the need to escape harsh self-criticism, but from the compassionate desire to create health and well-being for oneself.

In Buddhism, the ability to see things clearly but with compassion is called "discriminating wisdom" (Goldstein & Kornfield, 1987). Discriminating wisdom recognizes when things are harmful or unjust, but also recognizes the causes and conditions which lead to situations of harm or injustice, so that one's attitude towards wrongdoers is understanding and open rather than severe and judgmental. As an example, imagine hearing a story about a criminal involved in a violent murder. At first might you might make a close-minded judgment of the person – that he is a monster and should be severely punished and locked in jail for a long time. But then, you might learn more about the criminal's background and history. Perhaps his parents were drug addicts, and at the age of 12 he was out on the streets in a neighborhood where he had to fight and steal to

survive. You might have compassion for the offender in this case. Having compassion wouldn't mean that you overlook the criminal's responsibility for his crimes. You may still decide that he needs to be locked up for the safety of society. But you would experience understanding for the conditions that led him to this point in his life and therefore still maintain a caring and open-minded attitude towards him and retain respect for his humanity. This attitude would represent discriminating wisdom rather than judgment.

Another common confusion exists between self-compassion and self-pity (Goldstein & Kornfield, 1987). With self-pity, individuals become immersed in their own problems and forget that others have similar problems. It is a "poor me" attitude that emphasizes separation from others. Also, with self-pity, individuals tend to get carried away with their feelings and over-dramatize them. In contrast, the process of self-compassion increases one's sense of connection with others because it involves seeing one's own experience in light of common human experience, while simultaneously providing greater objectivity and perspective.

Self-Compassion Versus Self-Esteem

One very useful feature of the self-compassion construct is that it offers an alternative way to define and think about healthy self-attitudes. In Western culture, psychologically healthy self-attitudes are often conceptualized in terms of self-esteem (Coopersmith, 1967; Harter, 1999). Self-esteem refers to our sense of self-worth, perceived value, or how much we like ourselves. While the benefits of high self-esteem have been widely exclaimed in academia and the popular press (Hewitt, 1998; Rosenberg, 1979; Steinem, 1992), several criticisms have also been made of the emphasis placed on self-esteem (Damon, 1995; Seligman, 1995). While there is little doubt that low self-esteem is linked to negative psychological outcomes such as lack of motivation, depression and suicidal thoughts (Harter, 1999), it is less clear that raising individuals' self-esteem is as wonderful as it is made out to be. First, raising self-esteem – which involves convincing people to like themselves more than they currently do – is very difficult to achieve, and self-esteem enhancement programs are seldom effective (Swann, 1996). Also, even high self-esteem may have negative consequences.

One of the basic problems with self-esteem is that it is based on evaluations of competence and self-worth – how good am I, how much do I like myself? This is not a problem if one's self-esteem is based on being a human who is intrinsically worthy of respect. However, at least in modern Western culture, self-esteem is often

based on how the self is different from others, how much one stands out or is special. It is not okay to be average, one must be *above* average to feel good about oneself. This is problematic not only because it is technically impossible for more than a few to be "above average," but also because attempts to maintain high self-esteem may lead to narcissism, self-absorption, self-centeredness, and a lack of concern for others (Baumeister, Bushman, & Campbell, 2000). For instance, high self-esteem has been linked to putting others down to feel better about the self (Feather, 1994) and increased prejudice towards outgroups (Aberson, Healy, & Romero, 2000). High self-esteem is also associated with violence against those perceived to threaten the ego (Baumeister, Smart, & Boden, 1996). Attempts to enhance self-esteem may cause distortions in self-knowledge, as people who have very high self-esteem often overrate their competencies (Sedikides, 1993).

In contrast to self-esteem, self-compassion is *not* based on self-evaluations or set standards. Rather, people feel kindness and compassion for themselves because they are human beings, not because they have some particular trait such as being pretty, smart, talented, and so on. This means that with self-compassion, you don't have to feel better than others to feel good about yourself. For this reason, self-compassion should not be linked to narcissism, prejudice, or downward social comparisons in the way that self-esteem is. It also means that self-compassion should be highly stable because one is always a human being worthy of compassion. In contrast, self-esteem tends to fluctuate because sometimes evaluations of the self are positive, sometimes negative (Kernis, Cornell, Sun, Berry, & Harlow, 1993). Theoretically, it should also be easier to raise levels of self-compassion than self-esteem, since self-compassion doesn't require that you adopt an unrealistic view of yourself (a major reason why self-esteem enhancement programs fail - Swann, 1996). Self-compassion should also help motivate you to change when change is possible - not out of a need to improve your sense of self-worth, but because you desire well-being for yourself. In contrast, high self-esteem may inhibit personal growth because you either overrate your own competence or else you are blind to your own shortcomings because they are too painful to acknowledge. It should also be noted, however, that self-compassion may be equally useful in areas where self-improvement is difficult or impossible, such as one's appearance.

Research On Self-Compassion

While the concept of self-compassion has been used in different guises by therapists in clinical settings (Ellis, 1973; Jordan, 1991; Rogers, 1961; Snyder, 1994), little empirical research has been conducted on the mental health benefits of self-compassion. For this reason, a self-report scale was constructed to measure self-compassion, as a first step towards demonstrating the link between self-compassion and psychological well-being. The Self-Compassion Scale (Neff, 2003a) was developed in a series of three initial studies, which demonstrated that the scale exhibited good psychometric properties in terms of its factor structure, reliability, and convergent and discriminant validity. Results of these initial studies also showed that self-compassion was strongly associated with mental health. Individuals who scored high on the trait of self-compassion reported significantly less self-criticism, neurotic perfectionism, depression, anxiety, rumination and thought suppression, as well as greater life satisfaction, social connectedness and emotional intelligence (Neff, 2003a). Self-compassion and self-esteem were found to be moderately correlated - as was expected given that both tap into positive self-attitudes - though it was found that self-esteem was also significantly correlated with narcissism whereas self-compassion was not, indicating that self-compassion is not related to self-aggrandizement in the way that self-esteem is. Interestingly, women were found to have less self-compassion than men, which may be due to women's greater tendency to be self-critical and to ruminate on their negative emotions (Leadbeater, Kuperminc, Blatt & Hertzog, 1999; Nolen-Hoeksema, Larson & Grayson, 1999).

Recent research has found that self-compassion is associated with other indicators of healthy psychological functioning. For instance, Neff, Kirkpatrick, and Dejitthirat (2004) found that self-compassion was linked to adaptive coping strategies. Self-compassion was positively associated with problem-focused coping strategies (such as planning how to tackle difficulties), and it was found that this association could be explained by the greater emotional clarity associated with self-compassion. Self-compassion was also positively linked with adaptive emotion-focused strategies such as positive reframing of one's problems. Moreover, self-compassion was negatively associated with maladaptive coping strategies such as denial. Thus, it appears self-compassion may operate as a useful emotional regulation strategy allowing for greater perspective on one's situation, facilitating the adoption of actions that change oneself or the environment in effective ways.

Similarly, Neff, Hseih, and Dejithirat (in press) found that self-compassion was associated with adaptive academic achievement goals. In particular, self-compassion was positively associated with mastery goals, which focus on the joy of learning for its own sake, and negatively associated with performance goals, which focus on defending or enhancing one's sense of self-worth. Moreover, this relationship was mediated by the lesser fear of failure and greater perceived competence experienced by self-compassionate individuals in academic situations. These results suggest that self-compassion helps to provide students with emotional resiliency in the face of failure, and to therefore adopt healthy and productive learning goals in the classroom.

Another study (Neff et al, 2004) was designed to explore the ability of self-compassion to provide resiliency against self-focused anxiety. In this experiment, participants wrote about their greatest weakness in a mock job interview situation. Results indicated self-compassion was negatively associated with anxiety after this task, whereas self-esteem was not significantly related to anxiety levels. These results suggest self-compassion helps to act as a buffer against the debilitating emotional impact of considering one's inadequacies, but that self-esteem does not do so given that it is more contingent on positive self-evaluations.

Current Research and Future Directions

One exciting study that is currently in progress involves investigating self-compassion levels among adolescents, using a version of the self-compassion scale that was modified for use with this age-group. Because concerns with self-esteem and self-reflection become so intensified in adolescence, teens become much more critical towards themselves than they were as children as they attempt to establish their identity and place in the social hierarchy (Steinberg, 2002). Also, because adolescents lack maturity, they are more likely to feel that their experiences are unique and thus to feel isolated in their suffering (Elkind, 1967). For this reason, we expect to find especially low levels of self-compassion among adolescents, though ironically the difficulties of the life stage mean that it is also probably most needed by teens. We are also investigating alternatives to self-report methods in order to conduct research on self-compassion. This is because most people may not be self-aware enough to really know how self-compassionate they are, making self-reports potentially problematic. For this reason, we have two different studies underway that will use either a therapist's or a romantic partner's assessment of participant's self-compassion levels to explore its

psychological correlates. The study with romantic partners is also exploring how self-compassion impacts the quality of one's relationship with a partner.

It is hoped that over the next several years the idea of self-compassion will find its way into the mainstream of psychological research alongside the construct of mindfulness, so that the merits of this stance towards the self will become fully apparent. Our long-term view also includes the development of interventions to increase self-compassion, which may involve individual therapy, group work, or even a series of guided exercises on tape. The concept of self-compassion might also be usefully integrated into school-based programs aimed at increasing the emotional intelligence of teens, helping them to negotiate the troubled terrain of adolescence with greater calm, clarity, and kindness.

References

- Aberson, C. L., Healy, M., & Romero, V. (2000). Ingroup bias and self-esteem: A meta-analysis. *Personality & Social Psychology Review*, *4*, 157-173.
- Baumeister, R. F., Bushman, B. J., Campbell, W. K. (2000). Self-esteem, narcissism, and aggression: Does violence result from low self-esteem or from threatened egotism? *Current Directions in Psychological Science*, *9*, 26-29.
- Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review*, *103*, 5-33.
- Bennett-Goleman, T. (2001). *Emotional alchemy: How the mind can heal the heart*. New York: Three Rivers Press.
- Blatt, S. J., Quinlan, D. M., Chevron, E. S., McDonald, C., & Zuroff, D. (1982). Dependency and self-criticism: Psychological dimensions of depression. *Journal of Consulting and Clinical Psychology*, *50*, 113-124.
- Brach, T. (2003) *Radical Acceptance: Embracing your life with the heart of a Buddha*. New York: Bantam Books.
- Brown, K. W. & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco: W. H. Freeman.
- Damon, W. (1995). *Greater expectations: Overcoming the culture of indulgence in America's homes and schools*. New York: Free Press.
- Elkind, D. (1967). Egocentrism in adolescence. *Child Development*, *38*, 1025-1034.

- Ellis, A. (1973). Humanistic psychotherapy: The rational-emotive approach. New York: Julian Press.
- Feather, N. T. (1994). Attitudes toward high achievers and reactions to their fall: Theory and research concerning tall poppies. In M. Zanna (Ed.), Advances in experimental social psychology (pp. 1-73). San Diego: Academic Press.
- Goldstein, A. P., & Michaels, G. Y. (1985). Empathy: Development, training, and consequences. Hillsdale, NJ: Lawrence Erlbaum.
- Goldstein, J., & Kornfield, J. (1987). Seeking the heart of wisdom: The path of insight meditation. Boston: Shambhala.
- Hahn, T. N. (1976). The miracle of mindfulness. Boston: Beacon Press.
- Hanh, T. N. (1997). Teachings on love. Berkeley, CA: Parallax Press.
- Harter, S. (1999). The construction of the self: A developmental perspective. New York: Guilford Press.
- Hewitt, J. P. (1998). The myth of self-esteem: Finding happiness and solving problems in America. New York: St. Martin's Press.
- Horney, K. (1950). Neurosis and human growth: The struggle toward self-realization. New York: Norton.
- Jordan, J. V. (1991). Empathy and self-boundaries. In Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (Eds.), Women's growth in connection: Writings from the Stone Center (pp. 67-80). New York: Guilford Press.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. General Hospital Psychiatry, *4*, 33-47.
- Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your mind to face stress, pain and illness. New York: Dell Publishing.
- Kernis, M. H., Cornell, D. P., Sun, C., Berry, A., & Harlow, T. (1993). There's more to self-esteem than whether it's high or low: The importance of stability of self-esteem. Journal of Personality and Social Psychology, *65*, 1190-1204.
- Kornfield, J. (1993). A path with heart. New York: Bantam Books.
- Kristeller, J. L. & Hallett, C. B. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. Journal of Health Psychology, *4*, 357 - 63.
- Leadbeater, B. J., Kuperminc, G. P., Blatt, S. J., & Hertzog, C. (1999). A multivariate model of gender differences in adolescents' internalizing and externalizing problems. Developmental Psychology, *35*, 1268-1282.
- Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York: Guilford Press.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. Self and Identity, *2*, 223-250.
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. Self and Identity, *2*, 85-102.
- Neff, K. D., Hseih, Y., & Dejitthirat, K. (In Press). Self-Compassion, achievement goals, and coping with academic failure. Self and Identity.
- Neff, K. D., Kirkpatrick, K. Dejitthirat, K. (2004, January). Self-Compassion: Research on a promising alternative self-attitude construct. Poster presented at the 5th Annual Convention of the Society for Personality and Social Psychology, Austin, Texas.
- Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference in depressive symptoms. Journal of Personality and Social Psychology, *77*, 1061-1072.
- Rogers, C. R. (1961). On becoming a person. Boston: Houghton Mifflin.
- Rosenberg, L. (1999). Breath by breath: The liberating practice of insight meditation. Boston: Shambhala.
- Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.
- Salzberg, S. (1997). Lovingkindness: The revolutionary art of happiness. Boston: Shambhala.
- Scheff, T. J. (1981). The distancing of emotion in psychotherapy. Psychotherapy: Theory, Research & Practice, *18*, 46-53.
- Sedikides, C. (1993). Assessment, enhancement, and verification determinants of the self-evaluation process. Journal of Personality and Social Psychology, *65*, 317-338.
- Segal, Z.V., Williams, J. M. G. & Teasdale, J. D. (2002). Mindfulness-based cognitive therapy for depression: A new approach for preventing relapse. New York: Guilford Press.
- Seligman, M. E. (1995). The optimistic child. Boston: Houghton Mifflin Co.
- Shapiro, S.L., Schwartz, G.E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. Journal of Behavioral Medicine, *21*, 581- 599.
- Snyder, M. (1994). The development of social intelligence in psychotherapy. Journal of Humanistic Psychology, *34*, 84-108.
- Steinberg, L. (2002). Adolescence, 6th Edition. Boston: McGraw-Hill.
- Steinem, G. (1992). Revolution from within: A book of self-esteem. Boston: Little-Brown.
- Swann, W. B. (1996). Self-traps: The elusive quest for higher self-esteem. New York: W. H. Freeman.
- Wells, A. (2002). GAD, metacognition, and mindfulness: An information processing analysis. Clinical Psychology-Science & Practice, *9*, 95-100.
- Williams, K.A., Kolar, M. M., Reger, B. E. & Pearson, J. C. (2001). Evaluation of a wellness-based mindfulness stress reduction intervention: A controlled trial. American Journal of Health Promotion, *15*, 422-432.