Mindfulness in Behavioral Health
Series Editor: Nirbhay N. Singh

Amy Finlay-Jones
Karen Bluth
Kristin Neff *Editors*

Handbook of Self-Compassion

Springer

Mindfulness in Behavioral Health

Editor-in-Chief

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Mindfulness-based therapy is one of the fastest evolving treatment approaches in psychology and related fields. It has been used to treat many forms of psychological and psychiatric distress and medical conditions as well as to foster health and wellness. Early empirical studies and meta-analyses of current research suggest that mindfulness-based therapies are effective and long lasting, but much more data from research and training studies are needed to fully understand its nature and effective practice. The Mindfulness in Behavioral Health series aims to foster this understanding by aggregating this knowledge in a series of high-quality books that will encourage and enhance dialogue among clinicians, researchers, theorists, philosophers and practitioners in the fields of psychology, medicine, social work, counseling and allied disciplines. The books in the series are appropriate for upper level undergraduate and graduate courses. Each book targets a core audience, but also appeals to others interested in behavior change and personal transformation.

Amy Finlay-Jones • Karen Bluth
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Editors

Handbook of Self-Compassion

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ISSN 2195-9579 ISSN 2195-9587 (electronic)
Mindfulness in Behavioral Health
ISBN 978-3-031-22347-1 ISBN 978-3-031-22348-8 (eBook)
https://doi.org/10.1007/978-3-031-22348-8

This Springer imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

To Judy Long, Celedra Gildea, Silvia Fernandez Campos, Maria Paula Jimenez, Petrina Barson, and Janina Scarlet, my dear friends, and wise teachers

Amy Finlay-Jones

To all teens and young adults everywhere – May self-compassion research provide the foundation to alleviate suffering and help navigate the often treacherous waters of this life stage.

Karen Bluth

To Chris Germer and the Center for Mindful Self-Compassion, who helped take self-compassion from an idea to a practice that is now taught to tens of thousands of people around the globe.

Kristin Neff

Preface

Since its emergence as an area of scientific enquiry almost 20 years ago, a mounting body of work attests to the benefits of self-compassion for individual and collective well-being. Alongside this, a global movement has driven communities of practice to support self-compassion cultivation across populations and contexts. Bringing together world-leading researchers, clinicians, and practitioners, the *Handbook of Self-Compassion* provides a deep dive into self-compassion research over the past two decades, consolidating research findings, integrating these with clinical insights, and providing recommendations for refining and extending work in this field. It explores critical questions of how to enhance rigor and precision in self-compassion conceptualization and measurement, how we can understand the development of self-compassion across the life course, how self-compassion is best cultivated, and why it is associated with adaptive outcomes. As we continue to pursue new frontiers in self-compassion science and practice, this handbook is an invaluable resource for researchers and practitioners alike.

Nedlands, WA, Australia — Amy Finlay-Jones
Chapel Hill, NC, USA — Karen Bluth
Austin, TX, USA — Kristin Neff

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About the Editors

Editors

Amy Finlay-Jones, Ph.D., is a senior research fellow and head of the Early Neurodevelopment and Mental Health Team at Telethon Kids Institute. After completing training in clinical psychology, Dr. Finlay-Jones undertook further postgraduate training in health economics. Her research reflects the continuum of clinical to through implementation science, with a focus on translating evidence into policy and practice to improve mental health outcomes for children and families. Dr. Finlay-Jones' personal connection to self-compassion practice came at a young age when she was diagnosed with a chronic illness. Since that time, she has undertaken academic study of self-compassion, including developing the world's first online self-compassion training program during her doctoral studies. Dr. Finlay-Jones is interested in the development of self-compassion in children and adolescents, its application within clinical contexts, and its intersection with self-regulation. She is a trained teacher of the Compassion Cultivation Training program, the Mindful Self-Compassion program, the Mindfulness-Based Compassionate Living program, and the Making Friends with Yourself program, and she has a strong interest in co-designing accessible approaches to self-compassion training with underrepresented groups.

Karen Bluth, Ph.D., is research faculty in the Department of Psychiatry at the University of North Carolina, and a fellow at the University of North Carolina Frank Porter Graham Child Development Institute, where she conducts research on self-compassion and its influences on the emotional well-being of teens. Dr. Bluth is a certified instructor of Mindful Self-Compassion, co-creator of curriculum *Mindful Self-Compassion for Teens (formerly known as Making Friends with Yourself), Embracing Your Life,* the adaptation of Mindful Self-Compassion for young adults, and one of the creators of *Self-Compassion for Educators,* a self-compassion program offered through Mindful Schools. Dr. Bluth is author of the books *The Self-Compassion Workbook for Teens: Mindfulness and Compassion Skills to Overcome Self-Criticism and Embrace Who You Are*, *The Self-Compassionate Teen: Mindfulness and Compassion Skills to Conquer Your Critical Inner Voice*, co-author of *Mindfulness and Self-Compassion for Teen ADHD: Build Executive Functioning Skills, Increase Motivation, and Improve Self-*

Confidence (New Harbinger Publishers), and the Audible Original *Self-Compassion for Girls: A Guide for Parents, Teachers, and Coaches.* Additionally, Dr. Bluth is a mindfulness practitioner for over 40 years and an educator with 18 years of classroom teaching experience. In addition to teaching and mentoring self-compassion classes for teens and young adults, she trains teachers in *Mindful Self-Compassion for Teens* internationally.

Kristin Neff, Ph.D., is Associate Professor of Educational Psychology at the University of Texas at Austin. During Kristin's last year of graduate school, she became interested in Buddhism and has been practicing meditation in the Insight Meditation tradition ever since. While doing her postdoctoral work, she decided to conduct research on self-compassion – a central construct in Buddhist psychology and one that had not yet been examined empirically. Kristin developed a theory and created a scale to measure the construct over 20 years ago. She has written numerous academic articles on self-compassion and has been recognized as one of the most highly cited and influential scholars in the field of psychology. Kristin is also the author of the bestselling books *Self-Compassion: The Proven Power of Being Kind to Yourself* and *Fierce Self-Compassion: How Women Can Harness Kindness to Speak Up, Claim Their Power, and Thrive*. Along with her colleague Chris Germer, she developed the Mindful Self-Compassion program and co-founded the Center for Mindful Self-Compassion. They co-wrote *The Mindful Self-Compassion Workbook* and *Teaching the Mindful Self-Compassion Program*. She conducts workshops and lectures on self-compassion internationally. For more information go to www.self-compassion.org.

Contributors

Joanna J. Arch, Ph.D., is Associate Professor of Psychology and Neuroscience at the University of Colorado Boulder, Member in Cancer Prevention and Control at the University of Colorado Cancer Center, and a licensed clinical psychologist. Her research focuses on developing and evaluating interventions designed to address anxiety disorders and to improve well-being among adults with cancer, with a focus on mindfulness, compassion, and acceptance-based interventions. She has received funding from the National Institutes of Health, American Cancer Society, and the Templeton Foundation.

Kohki Arimitsu, Ph.D., is Professor of Clinical Psychology in the Department of Psychological Science at Kwansei Gakuin University, Japan. He is currently president of Japan Society for Research on Emotions (JSRE). He has published and edited 14 books, the most recent being *Handbook of Emotion Regulation* which 54 Japanese researchers contributed, and several scientific articles regarding self-compassion. His research focuses on emotion regulation, compassion-based intervention for anxiety related disorders, and cultural differences of self-compassion and well-being.

J. Austin holds a master's degree in medical psychology and is currently in the final stage of pursuing her Ph.D. in the Department of Psychology, Health & Technology at the University of Twente. She is trained in (self-)compassion practices, interventions, theory, and research. Her research interests include: 1) the application, conceptualization, and measurement of (self-compassion and self-criticism; 2) resilience processes (including growth facilitators such as gratitude) in the adaptation to adversities such as cancer and chronic illness; and 3) the role of technology in contributing to a compassionate society and in offering interventions that are rooted in both theory and practice. In her mixed methods doctoral research, Austin develops and evaluates a mobile self-compassion intervention for people with newly diagnosed cancer.

Anna Boggiss is a Ph.D., candidate and pre-intern health psychologist in the Department of Psychological Medicine at the University of Auckland, New Zealand, and a Mindful Self-Compassion for Teens Teacher Trainee. Anna's Ph.D. has focused on developing a clinically usable self-compassion intervention for adolescents with type 1 diabetes. More broadly, she is passionate about partaking in research aimed at improving the wellbeing of young peo-

ple, especially those with chronic health conditions, and continuing to develop clinically usable coping skill interventions.

E. T. Bohlmeijer, Ph.D., graduated in 2007 on the effects of life-review on depression in older adults. Since 2007 he worked as an associate professor and since 2011 as full professor in the Department of Psychology, Health & Technology at the University of Twente. His research focuses on public mental health: the development and evaluation of interventions aiming to promote well-being and reduce distress in the general population and people with chronic diseases. These, partly eHealth and mHealth, interventions are primarily based on Compassion, Acceptance and Commitment Therapy and Positive Psychology. He developed the model of sustainable mental health to integrate meaning- and strengths-based interventions in mental health care. Since 2010, Professor Bohlmeijer (co-) published over 150 peer-reviewed papers and three scientific books. He is editor of the Dutch Handbook of Positive Psychology.

Christine Brähler, DClinPsy, Ph.D., is a clinical psychologist, psychotherapist, author, and honorary lecturer at the University of Glasgow. She has been teaching self-compassion around the world since 2008. She is a key contributor to the first clinical adaptations and to the non-clinical training program, Mindful Self-Compassion, and its teacher training. Her mission is to guide people to overcome obstacles to gentle and fierce self-compassion to connect with others from a place of empowerment and genuine compassion.

Lydia Brown, Ph.D., is a clinical psychologist and researcher in the fields of healthy aging and women's mental health. She holds a Ph.D. in Clinical Psychology and completed her postdoctoral training at Harvard Medical School and The University of Melbourne. Her research focuses on how psychological resilience factors can help people cope with aging and physical health issues, especially the menopause. After studying meditation in a Sri Lankan Buddhist monastery during her 20s, she developed a lifetime interest in self-compassion and meditation. She remains an active meditation practitioner exploring the Buddhist understanding of suffering and compassion. Alongside her research, she is a clinical psychologist in private practice. She also teaches into the University of Melbourne's Master of Clinical Psychology program, helping train the next generation of psychologists.

Joseph Ciarrochi, Ph.D., is a Research Professor at the Institute of Positive Psychology and Education, Australian Catholic University. His research seeks to help individuals and organizations apply the latest findings from behavioral science to achieve health, well-being and peak performance. Professor Ciarrochi has published over 90 scientific journal articles and many books, including the bestselling, Get out of your mind and into your life teens and The Thriving Adolescent. He has been honored with over 4.5 million dollars in research funding. His work has been discussed on T.V., and in magazines, newspaper articles, and radio. Joseph is ranked in the top 2% of scientists in the world across all disciplines.

Melissa Clepper-Faith, MD, MPH, is a pediatrician with public health training and experience working with diverse populations. After 24 years in clinical practice, including the establishment and management of a private pediatric practice in Hillsborough, NC, she completed a master's in public health at Gillings School of Global Public Health, UNC-Chapel Hill. Her current position as a translational research program and policy coordinator in the FRONTIER program at the Frank Porter Graham Child Development Institute, UNC-Chapel Hill, focuses on neuro-prevention, the translation of neuroscience knowledge into programs and policies that support healthy child development and ameliorate the adverse effects of toxic stress and child maltreatment.

Nathan S. Consedine, Ph.D., is health psychologist in the School of Medicine at the University of Auckland. His training is in the experimental study of emotion and emotion regulation, specifically looking at how such factors may be linked to physical health in diverse groups. Current research foci include compassion in healthcare, disgust in medical contexts, self-compassion, and mindfulness. After graduating from Canterbury in 2000 and spending 10 years working on grants in New York, Nathan returned to traditional academia in New Zealand in 2009. In addition to teaching in health psychology and medical programs, he has supervised 50+ master's and Ph.D. students, including studies evaluating psychosocial interventions in patient populations and testing how patient, physician, clinical and environmental factors impact medical compassion. Nathan has published more than 170 articles and chapters and reviews for numerous international journals and funding agencies. He enjoys fishing, playing tennis with his son, and listening to the sort of music that his colleagues dislike.

C. H. C. Drossaert, Ph.D., is Associate Professor of Health Psychology in the Department of Psychology, Health & Technology at the University of Twente. She teaches health psychology to bachelor's and master's students. In 2002 she graduated on "Psychosocial aspects of participation in Breast Cancer Screening." Her current research interests are in the field of patient participation and patient empowerment. Central in her work is the question: "How can we equip patients and their caregivers with adequate information, skills or tools, to facilitate their active involvement in the management of their disease, or to help them live a happy and meaningful life despite or with the condition?" Dr. Drossaert is especially interested in the role of (internet-) technology herein.

Leah J. Ferguson, Ph.D. (she/her/hers), is an associate professor in the College of Kinesiology at the University of Saskatchewan. A Métis woman, Leah's nationally funded sport psychology research explores how women athletes flourish and reach their potential, and she is particularly interested in understanding the role and impact of self-compassion in the lives of women athletes. Leah translates her sport psychology research into practice through her applied work as a Mental Performance Consultant with the Sport Medicine & Science Council of Saskatchewan, and she is a Professional Member of the

Canadian Sport Psychology Association. She works with athletes, coaches, and parents to facilitate well-being and performance for positive sport experiences. She has worked with athletes and teams at all competitive levels – community, provincial, varsity, national, and international, including athletes competing at the Paralympic Games.

Madeleine I. Fraser, Ph.D., is a qualified clinical psychologist and provides assessment and treatment in a private practice based in Sydney CBD. She is also a full-time clinical psychology lecturer At Australian Catholic University (ACU, Strathfield campus). She supervisors honors and master's research projects in topics related to clinical psychology and with a particular focus on self-compassion. Madeleine lectures in the undergraduate and postgraduate psychology programs and is also an AHPRA board approved supervisor. Dr. Ferrari completed a Master of Philosophy and a Doctor of Clinical Psychology at Macquarie University, and a Ph.D. at the University of Sydney titled "Self-Compassion in Adolescence: A Protective Psychological Framework for Relating to Oneself." She is a member of the Healthy Brain and Mind Research Centre at ACU and maintains an active research profile.

Anna Fitch is a recent graduate of Santa Clara University and has her Master of Arts in Counseling Psychology. During her time in university, she worked closely with renowned mindfulness researcher Dr. Shauna Shapiro, serving as both research and teaching assistant to Dr. Shapiro. Throughout her studies, Anna amassed an extensive knowledge of both theory and implementation of evidence-based mindfulness practices. With a specialty in Positive Psychology, she holds a deep passion for the relationship between mindfulness and wellbeing. Post graduation, Anna began working toward her clinical licensure as a Marriage and Family Therapist along with her certification in Mindfulness-Based Stress Reduction. Currently, she serves as a counselor for diverse populations in the San Francisco Bay Area. Anna implements her backbone in mindfulness and health psychology to offer accessible and approachable practices based on clinical needs. Additionally, Anna utilizes her expertise to consult with start-ups and local organizations interested in incorporating mindfulness and meditation into the workplace.

Christopher Germer, Ph.D., is a clinical psychologist and lecturer on psychiatry (part-time) at Harvard Medical School. He co-developed the *Mindful Self-Compassion (MSC)* program with Kristin Neff in 2010 and they wrote two books, *The Mindful Self-Compassion Workbook* and *Teaching the Mindful Self-Compassion Program*. MSC has been taught to over 200,000 people worldwide. Dr. Germer is also the author of *The Mindful Path to Self-Compassion*; he co-edited two influential volumes on therapy, *Mindfulness and Psychotherapy*, and *Wisdom and Compassion in Psychotherapy*. Dr. Germer is a founding faculty member of the Center for Mindfulness and Compassion, Harvard Medical School, and the Institute for Meditation and Psychotherapy, Cambridge MA, USA. He maintains a small psychotherapy practice in Massachusetts, USA.

Paul Gilbert, Ph.D., is Professor of Clinical Psychology at the University of Derby and visiting professor at the University of Queensland. He has researched evolutionary approaches to mental health alongside clinical work as a Consultant Clinical Psychologist for over 40 years in the NHS. He founded and developed Compassion Focused Therapy (CFT) and established the Compassionate Mind Foundation in 2006, which promotes wellbeing through facilitating the scientific understanding and application of compassion. Professor Gilbert has written over 300 publications including 22 books. He was awarded an OBE in 2011 by the Queen for services to mental health

Aleah Goold is a graduate student in the Master of General Psychology Program, with a focus in Experimental Psychology, at the University of Memphis. She graduated from The University of Tennessee at Martin in 2019 with a B.A. in Psychology and a minor in Sociology. For her thesis, she is currently studying the impact of a self-compassion intervention on intrinsic motivation in college students. She has also been a Teaching Assistant for the General Psychology class at the University of Memphis since Fall 2020, which includes her teaching small sections of the course once a week. Aleah's main drive is to let her research inform her teaching, and her teaching inform her research, with the ultimate goal to help students become more open-minded and eager about their learning. She hopes to continue with her education and earn a Ph.D., and eventually teach Psychology at a university level.

Penelope Hasking, Ph.D., Professor Hasking's work focuses on mental health in adolescents and young adults. Her primary interests are in the social and cognitive factors that initiate and maintain non-suicidal self-injury (NSSI) among youth. She is also interested in the needs of school staff who address NSSI in the school setting, and the views of parents of young people who self-injure. More recently she has focused her work on the "experience" of self-injury, delving into topics such as NSSI stigma, experience of disclosure, meanings of scarring, and approaching NSSI recovery from a person-centered, multifaceted framework.

Katarina L. Huellemann (she/her), M.Sc., is a Ph.D. student in psychology studying body image, gender, adaptive physical activity, and compassion-focused interventions. Her research considers sociocultural and individual forces that may foster stigma towards the self and others, and how this stigma may contribute to worsened mental and physical well-being in various populations (e.g., women, adolescents). Her research has been published in *Body Image*, *Mindfulness*, and the *Canadian Journal of Public Health*. She is supervised by Dr. Rachel Calogero and Dr. Eva Pila at Western University in Canada, and is a member of both the Stigma, Objectification, Bodies, and Resistance Lab (Calogero) and the Body Image and Health Lab (Pila). She is also an assistant editor for *Sex Roles: A Journal of Research*.

Caroline Hunt, Ph.D., is a clinical psychologist, and currently president of the Australian Clinical Psychology Association (ACPA). She is a professor in the School of Psychology at the University of Sydney where she is also the

academic lead of the Clinical Psychology Unit. Her teaching key role is to oversee the training of clinical psychology students. Caroline has worked in the field of anxiety disorders for over 20 years. Her expertise and interests are in anxiety disorders, the assessment and prevention of peer victimization in schools, and emotional problems in youth. Caroline has developed and implemented several school-based intervention programs targeting emotional problems, and more recently bullying and victimization.

John Jackson, Ph.D., is a psychologist working primarily in the role of training director for postdoctoral, doctoral, and master's level interns at a university counseling center. John's training interests involve methods of attending to and addressing trainee self-awareness and self-regulation, particularly with attention to attachment style and enactment of self-compassion. In his clinical work with university students, John's interests lie in addressing complex trauma and related health difficulties. John integrates psychodynamic and Emotionally Focused Therapy (EFT) approaches in individual therapy and finds great challenge and reward in an interpersonal process approach to group therapy.

James N. Kirby, Ph.D., is a senior lecturer, clinical psychologist, and co-director of the Compassionate Mind Research Group at the School of Psychology at the University of Queensland. He has two major areas of focus to his research, 1) understanding the decision-making process to how we choose to act compassionately or not, and 2) evaluating the effectiveness of Compassion Focused Therapy. James also maintains an active practice where he delivers Compassion Focused Therapy for those experiencing self-criticism and shame. James also holds a Visiting Fellowship at the Center for Compassion and Altruism Research and Education at Stanford University.

Alex Kirk completed his PhD in clinical psychology and neuroscience at the University of Colorado Boulder. He is a naval medical officer with research and clinical interests spanning anxiety disorders, medical/physical health correlates of mental health concerns, and behavioral mechanisms of change.

Christine Lathren, Ph.D. is a research assistant professor at the University of North Carolina at Chapel Hill within the Program on Integrative Medicine. Her research interests include examining the impact of self-compassion intervention in various caregiving and family contexts using both quantitative and qualitative methods. Recent interests explore if and how learning self-compassion might improve parent-child relationships, parenting behavior, and child socioemotional outcomes in families experiencing high stress. Other work examines the impact of self-compassion training for professional caregivers, including certified nursing assistants in long-term care contexts.

Helena Moreira, Ph.D., is a clinical psychologist and an assistant professor at the Faculty of Psychology and Educational Sciences of the University of Coimbra, Portugal. After obtaining a Ph.D. in Psychology from the University

of Coimbra, she did 6 years of postdoctoral studies at the same university, studying the interrelationship between parenting and the parent-child relationship. During her postdoctoral years, she became very interested in understanding the role of self-compassion and mindfulness in parenting. Since then, she has been conducting extensive research on mindful and compassionate parenting at different stages of the life cycle, with a particular emphasis on the post-partum period. Recently, Helena Moreira has also become interested in a transdiagnostic approach to the treatment of children's emotional disorders. She has published over 80 academic articles on topics related to parenting, mindful parenting, self-compassion, attachment, and emotion regulation. She serves as associate editor of the *Journal of Child and Family Studies* and of the *Mindfulness* journal.

Amber D. Mosewich, Ph.D., (she/her/hers) is an associate professor in the Faculty of Kinesiology, Sport, and Recreation at the University of Alberta. Amber's research interests focus on stress, coping, and emotion within the sport domain. A key directive of her research is to understand the psychological skills and resources necessary to promote adaptive responses to stress and emotion and support athletes in attaining their performance potential while maintaining high levels of well-being. One major focus in this line of research is understanding the role of self-compassion in athlete support and development, and the application of self-compassion in sport more broadly. Amber has been and continues to be involved in several research and applied initiatives directed at providing psychological support for athletes involved in grassroots, developmental, national, and international sport programming.

Anaïs Ortiz is a doctoral student at the University of Florida. She studies ways in which healthy relationships with ourselves can help us be kinder and more compassionate with others. Anais is particularly interested in integrating psychological concepts with Eastern roots, such as mindfulness and self-compassion, with Western research on well-being and transformative experiences. She is additionally extending this research to examine the social effects of these concepts on prosocial behavior, self-expansion, and meaning in life. In addition to this work, she enjoys putting research into practice through teaching yoga and meditation.

Alina Pavlova, M.A., M.Sc., is a Ph.D. candidate in the Department of Psychological Medicine at the University of Auckland studying the nature of self- and other-focused compassion in healthcare. By investigating the relationships between physician-, organizational-, and patient-related factors, Alina's biggest commitment is to design multilevel interventions to enhance care at patient, physician, and organizational levels. Adjacent to her Ph.D., Alina is currently clinically training to become a Health Psychologist and is involved in self-harm and suicide prevention research collaborating with international experts and lived-experience researchers worldwide. Before her Ph.D., Alina completed two master's degrees (in Sociology and Economics) from the Erasmus University Rotterdam, where she studied stigma in the con-

text of mental health. Alina is a Yoga Alliance Certified yoga instructor and teaches yoga and mindfulness in the community.

Nicola Petrocchi, Ph.D., is Adjunct Professor of Psychology at John Cabot University in Rome and a compassion-focused therapist in Rome. Dr. Petrocchi founded Compassionate Mind Italia, the Italian association, linked to the Compassionate Mind Foundation (UK), with the aim to deepen research and promote training and good practice of CFT in Italy. Dr. Petrocchi sees patients privately (both in English and Italian) in his studio in the center of Rome. He manly sees patients in individual sessions, and he runs a 12-week Compassionate Mind Trainings for clients struggling with issues of shame and self-criticism.

Trisha L. Raque, Ph.D., is a licensed psychologist and an associate professor in the Department of Counseling Psychology at the University of Denver. She is the Chair of the American Psychological Association Division 17 (Counseling Psychology) Health Section. She serves on the editorial board of the *Journal of Counseling Psychology* and the *Journal of Career Assessment*. Dr. Raque's area of research includes cancer survivorship, self-compassion, the intersection of work and health, and health equities. She applies social justice principles, intersectionality, and the Multicultural Orientation to cancer survivorship scholarship and advocacy.

Baljinder K. Sahdra, Ph.D., is a Senior Lecturer and full-time researcher at the Institute for Positive Psychology and Education, Australian Catholic University. She has previously held positions at the University of California, Davis, and University of Western Sydney, Australia. Dr. Sahdra's research publications reflect her diverse substantive interests in psychological assessment, educational psychology, personality, developmental psychology, and mindfulness related constructs and interventions. They also showcase diverse computational methods, including structural equation modelling, multilevel modelling, network analysis, mixture modelling, longitudinal analysis, text mining, and machine learning advances in psychometrics. She has been awarded with several prestigious awards and competitive grants ($7+ million). Her research is published in top-tier journals, is highly cited, and has been featured in The Sydney Morning Herald, The Sun, Radio Canada International, Boston Globe, New York Daily Post, Huffington Post, New Scientist, The Guardian, ABC Radio, and other major media outlets.

Benjamin J. Sereda, M.Sc. (he/him/his), is a doctoral student in the Faculty of Kinesiology, Sport, and Recreation at the University of Alberta. In addition to his involvement in sport psychology and performance research, he actively coaches and consults with athletes at a variety of ages, competitive levels, and sport contexts. He is passionate about using research to inform efforts to practically support athletes in achieving their sport-related goals while supporting their well-being both inside and outside of sport. Ben's research has focused on how athletes and performers perceive and attempt to manage demands that they experience surrounding training and competition. Further, guided by his

applied work and coaching experience, Ben is particularly interested in how athletes attend to, perceive, and respond to setbacks and challenges in sport.

Anna Serlachius, Ph.D., is a health psychologist and senior lecturer in the Department of Psychological Medicine at the University of Auckland. She completed her M.Sc. in Health Psychology at University College London and went on to do a Ph.D. at the University of Melbourne/Murdoch Children's Research Institute. After her Ph.D., she worked on the Cardiovascular Risk in Young Finns Study, based at Helsinki University and later at Columbia University. Dr. Serlachius has published more than 40 journal articles and her research program aims to develop cost-effective and scalable interventions to improve psychological and physical health outcomes, with a focus on youth with chronic health conditions. Her work is increasingly focused on developing and testing digital wellbeing interventions. She is section editor for JMIR Pediatrics and Parenting (*Journal of Medical Internet Research*).

Shauna Shapiro, Ph.D., is a best-selling author, clinical psychologist, and internationally recognized expert in mindfulness and self-compassion. She is a professor at Santa Clara University and has published over 150 papers and three critically acclaimed books, translated into 16 languages. Shauna has presented her research to the King of Thailand, the Danish Government, Bhutan's Gross National Happiness Summit, and the World Council for Psychotherapy, as well as to Fortune 100 Companies including Google, Cisco Systems, and LinkedIn. Her work has been featured in the *Wall Street Journal, Mashable, Wired, USA Today, Dr. Oz, the Huffington Post,* and the *American Psychologist.* Shauna is a *summa cum laude* graduate of Duke University and a Fellow of the Mind and Life Institute, co-founded by the Dalai Lama. Her TEDx Talk, *The Power of Mindfulness*, has been viewed over 2.5 million times

Fuschia M. Sirois, Ph.D., is a professor in the Department of Psychology at the University of Durham in England, and a former Canada Research Chair in Health and Well-being. She has authored over a 120 peer-reviewed journal papers, over 200 conference papers, 19 book chapters, and authored/edited 10 books. Her research has been funded by several national funding agencies including the Social Sciences and Humanities Research Council, Canada, The Economic and Social Research Council (UK), the Engineering and Physical Sciences Research Council (UK), and the Welsh Government. Professor Sirois' research investigates the temporal, affective, cognitive, and behavioral dynamics of personality traits and states that that help or hinder people in their efforts to regulate their emotions, thoughts, and behaviors when dealing with life's challenges. Her research aims to understand ways to enhance resilience and support physical and mental health across a range of populations, including vulnerable populations and individuals living with chronic illness. This research has a particular focus on how positive psychology qualities and interventions, including self-compassion, can support self-regulation and enhance physical health and well-being.

Elizabeth T. Slivjak is a doctoral student in clinical psychology at the University of Colorado Boulder. Her research focuses on the development of self-compassion-based interventions among anxious adults.

Penelope Strauss, Ph.D., (she/her) is a Research Fellow in Youth Suicide Prevention at the Telethon Kids Institute and an adjunct research fellow at the University of Western Australia. Her current research aims to decrease rates of suicidality among LGBTQA+ young people. Penelope received her Master of Public Health and Ph.D. from the University of Western Australia. She led the *Trans Pathways* project, the seminal study conducted on the mental health of trans and gender diverse young people in Australia and barriers experienced when accessing medical and mental health services.

Tracy L. Tylka (she/her), Ph.D., is Professor of Psychology at The Ohio State University. She is also editor-in-chief of *Body Image: An International Journal of Research* and serves on the editorial board of *Eating Disorders: A Journal of Treatment and Prevention*. Her research interests include positive body image, negative body image, intuitive eating, disordered eating, and sociocultural influences on these variables. She edited the *Handbook of Positive Body Image and Embodiment* with Niva Piran and wrote the *Positive Body Image Workbook: A Clinical and Self-Improvement Guide* with Nichole Wood-Barcalow and Casey Judge. Along with colleagues, she has developed several scales to measure these constructs, such as the Body Appreciation Scale-2, Functionality Appreciation Scale, Broad Conceptualization of Beauty Scale, Intuitive Eating Scale-2, Interpersonal Sexual Objectification Scale, Personal Safety Anxiety and Vigilance Scale, and Transgender Congruence Scale. To date, she has written over 100 peer-reviewed articles and book chapters.

Abra Vigna, Ph.D., is an action researcher and evaluator at the University of Wisconsin-Madison Population Health Institute in the School of Medicine and Public Health. Dr. Vigna received her Ph.D. in Human Development and Family Studies from the School of Human Ecology at the University of Wisconsin-Madison. Her research focuses on self-compassion as a resource associated to resilience to adversity and is inspired by over a decade of experience working to advance health equity via direct-service, coalition building, and community-engaged action research.

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Self-Compassion: Theory and Measurement

1

Kristin Neff

Introduction

Self-compassion can be defined as compassion turned inward. In order to understand what self-compassion is, therefore, it helps to consider what occurs in the experience of compassion more generally. Goetz et al. (2010) define compassion as "the feeling that arises when witnessing another's suffering and that motivates a subsequent desire to help" (p. 351). Note that we must be present with the suffering of others, as uncomfortable as it might be, in order for feelings of care and concern to arise. This requires mindfulness so that we can turn toward and be aware of pain rather than avoiding or resisting it. Also central to compassion is a sense of interconnection with others who are suffering (Cassell, 2002). Blum (1980) writes "compassion involves a sense of shared humanity, of regarding the other as a fellow human being" (p. 511). In fact, this is what differentiates compassion from pity, or feeling sorry for someone separate from yourself. The experience of compassion is similar when applied to our own suffering, whether our pain stems from failure, feelings of personal inadequacy, or life distress more generally.

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The Elements of Self-Compassion

According to my model (Neff, 2016), self-compassion forms a bipolar continuum ranging from uncompassionate to compassionate self-responding in moments of suffering. It is comprised of overlapping but conceptually distinct elements that can be loosely organized into three broad domains – how people emotionally respond to suffering (with kindness or judgment), cognitively understand their predicament (as part of the human experience or as isolating), and pay attention to pain (in a mindful or overly identified manner).

Self-Kindness vs. Self-Judgment Most of us try to be kind and supportive toward our friends and loved ones when they feel badly about themselves or experience life challenges. We may voice words of warmth and understanding to let them know we care – perhaps even offering a physical gesture of affection such as putting a hand on their shoulder. We are often much harsher with ourselves, however, saying mean and judgmental things that we would never say to a friend. With self-compassion, however, we turn this around. We take a benevolent and supportive attitude rather than condemning ourselves as worthless. We acknowledge our shortcomings while caring for ourselves regardless. This type of self-acceptance decreases feelings of unworthiness.

A. Finlay-Jones et al. (eds.), *Handbook of Self-Compassion*, Mindfulness in Behavioral Health,
https://doi.org/10.1007/978-3-031-22348-8_1

Self-kindness involves more than merely ending self-criticism, however. It involves actively opening up our hearts to ourselves, showing concern for our distress. We are motivated to try to ease our struggles if we can – not because we're inadequate as we are, but because we care. We often treat ourselves with cold stoicism rather than support when challenged and move straight into problem-solving mode without attending to our emotional needs. With self-kindness, however, we are emotionally available when life becomes difficult. We allow ourselves to be moved by our own pain, stopping to say, "This is really hard right now. How can I care for myself in this moment?" When we respond to ourselves with kindness, we feel validated, supported, and encouraged, similar to how we feel when receiving kindness from another. This helps us to cope with the challenges we face.

Common Humanity vs. Isolation The sense of common humanity that is inherent to self-compassion helps us to feel connected to rather than separate from others. When we fail or make mistakes, we tend to irrationally feel like everyone else is just fine and it's only *me* who has blown it. This isn't a logical process, but an emotional reaction that narrows our understanding and distorts reality. And even when our struggles stem from difficult life circumstances that we don't blame ourselves for, we tend to feel that somehow everyone else is having an easier time of it. We react as if "something has gone wrong" and forget that part of being human means facing challenges and being vulnerable. This feeling of abnormality creates a frightening sense of disconnection and loneliness that greatly exacerbates our suffering.

With self-compassion, however, we recognize that life challenges are part of being human, an experience we all share. In fact, our struggles are what make us card-carrying members of the human race. The element of common humanity also helps to distinguish self-compassion from self-love. While self-love is important, it leaves out an essential factor – other people. Compassion is, by definition, relational. It implies a basic mutuality in the experience of suffering and springs from the acknowledgement that the shared human experience is imperfect. When we're in touch with our humanity, we remember that everyone experiences suffering. The triggers are different, the circumstances are different, the degree of pain is different, but the experience of imperfection is shared. When we remember our common humanity, we feel less isolated and alone.

Mindfulness vs. Overidentification In order to have compassion for ourselves, we need to be willing to turn toward our own pain, to acknowledge it mindfully. Mindfulness is a type of balanced awareness that neither avoids nor exaggerates the discomfort of our present-moment experience (Kabat-Zinn, 1994). We can't show ourselves compassion if we don't acknowledge we're in pain. At the same time, if we fight and resist the fact that we're suffering, our attention may become so absorbed by our pain that we can't step outside ourselves and adopt the perspective needed to care for ourselves. We may become overly identified with our negative thoughts or feelings and be swept away by our aversive reactions. This type of rumination narrows our focus and exaggerates implications for self-worth (Nolen-Hoeksema, 1991). Not only did I fail, "I am a failure." Not only did something terrible happen, "My life is horrific." Overidentification tends to reify our moment-to-moment experience so that we perceive transitory events as definitive and permanent.

With mindfulness, however, we can recognize that our negative thoughts and feelings are just that – thoughts and feelings – which helps us to be less absorbed by and identified with them. We have the perspective necessary to extend compassion for our difficulties. It also provides the space needed to ask "How can I best care for myself right now?" It takes courage to turn toward and directly face our pain, but this act of courage is essential if we are going to alleviate our suffering. For this reason, mindfulness is the pillar on which self-compassion rests.

The Structure of Self-Compassion

When we're self-compassionate, we feel kinder and less judgmental toward ourselves, more connected to humanity, and less isolated and adopt a mindful perspective on our suffering while being less identified with it. The components of self-compassion overlap and interact. For instance, the accepting stance of mindfulness lessens over-identification but also helps to soften self-judgment and provides the wisdom needed to recognize our common humanity. Similarly, self-kindness reduces self-judgment and because it is an affiliative emotion also helps us to feel safer, making it easier to be mindful of our pain. Moreover, realizing that imperfection is part of being human lessens feelings of isolation and helps us to take things less personally so that we are less overidentified with and judgmental of our problems. In this way, self-compassion can be seen as a dynamic system that represents a synergistic state of interaction between its constituent elements (Neff, 2016). Research supports understanding self-compassion as a system: a study by Dreisoerner et al. (2021) found that inducing one element of self-compassion through a writing exercise changed levels of the other elements, suggesting they mutually engender one another.

The construct of self-compassion can also be conceptualized as a bipolar continuum ranging from uncompassionate self-responding (UCS; self-judgment, isolation, and overidentification) to compassionate self-responding (CS; self-kindness, common humanity, and mindfulness). As people become more self-compassionate, they increase in CS and decrease in UCS. Analyses of how the components of self-compassion are configured within individuals finds three basic patterns (Phillips, 2019; Ullich-French & Cox, 2020): low levels of USC and high levels of CS, high levels of CS and low levels of UCS, or moderate levels of both, suggesting that these are not independent dimensions.

Studies show that variation in UCS is a stronger predictor of psychopathology than variation in CS. This makes sense given that self-judgment, isolation, and overidentification directly feed into negative mood states like depression and anxiety. Once people have a moderate level of self-compassion (and are therefore no longer depressed or anxious), becoming even more self-compassionate is unlikely to have a strong effect on how depressed and anxious they are. Some scholars have proposed that because UCS and CS (often referred to as "coldness" and "warmth") have different associations with outcomes, they should be conceptualized as two separate and independent constructs (Brenner et al., 2018; Muris & Petrocchi, 2017; Pfattheicher et al., 2017). In fact, Muris and colleagues (Muris et al., 2019; Muris & Petrocchi, 2017) have argued that reduced self-judgment, isolation, and overidentification should be dropped from the definition and measurement of self-compassion altogether. However, it is common for each end of a bipolar continuum to differentially predict outcomes. Consider the physical analogy of temperature. If one were to conduct a study asking people how warm they are, how cold they are, and how numb their hands are, coldness items would predict numbness more than the warmth items. It would be strange to argue that this finding means coldness and warmth are independent constructs, however, especially given that the way to make your hands less cold is to warm them up! Other bipolar continuums such as wet/dry also evidence differential associations of each end with outcomes. The fact that different poles of a continuum have different associations with outcomes has no bearing on whether or not they can be conceptualized or measured as a unitary construct.

Most criticisms of self-compassion as a unitary construct have been based on cross-sectional findings, but an examination of how the components of self-compassion change in real time using experimental methods can shed more light on the how the construct operates. Research indicates that self-compassion interventions increase the three elements representing CS and decrease the three elements representing UCS simultaneously (Ferrari et al., 2019), suggesting movement along a single continuum. This is true for studies using a wide variety of methodologies such as self-compassion mood inductions (Neff et al., 2021b), self-compassion meditation training (Albertson et al., 2015; Toole & Craighead, 2016;

Wallmark et al., 2012), online psycho-education (Finlay-Jones et al., 2017; Krieger et al., 2016), compassion-focused therapy (Beaumont et al., 2016; Kelly & Carter, 2015; Kelly et al., 2017), or mindful self-compassion training (Finlay-Jones et al., 2018; Neff, 2016). Mindfulness-based interventions also yield a simultaneous increase in CS and decrease in UCS (Birnie et al., 2010; Greeson et al., 2014; Raab et al., 2015; Whitesman & Mash, 2016). A study by Mantzios et al. (2020) examined the effect of targeting CS and UCS separately through an experimental manipulation. Participants were assigned to a brief intervention that either asked them to relate to a difficulty they were having with kindness, a sense of common humanity and mindfulness (CS), or else they were asked to relate to the difficulty without judgment, a sense of isolation or overidentification (reduced UCS). Levels of self-compassion increased for both groups equally. These findings strongly suggest that CS and UCS are not independent constructs but instead form a continuum.

The fact that CS and UCS operate in tandem may be linked to the functioning of the sympathetic and parasympathetic nervous systems (Porges, 2007; see Chap. 17). UCS can be seen to reflect sympathetic activity – the stress response turned inward when our self-concept is threatened (Gilbert, 2000). Self-judgment reflects the fight response in the form of self-criticism and self-attack. Isolation represents the flight response – the desire to flee from others and hide in shame. Overidentification can be viewed as the freeze response – becoming getting stuck in a ruminative cycle of negative thoughts. CS reflects parasympathetic activity, generating feelings of safety that directly counter feelings of threat. Self-kindness involves nurturing and supporting ourselves, counteracting the fight response. Common humanity generates feelings of connection and affiliation, counteracting the flight response. Mindfulness provides a sense of perspective and psychological flexibility that counteracts the freeze response (Creswell, 2015; Tirch et al., 2014). Notably, a recent study by Kim et al. (2020) used fMRI imagery to examine reactions to negative emotional stimuli. They found that UCS increased activity in the anterior insula, anterior cingulate, and the amygdala and that CS suppressed activity in these very same regions, illustrating how warmth counteracts coldness.

Fierce and Tender Self-Compassion

Self-compassion is aimed at the alleviation of suffering, and this occurs through a process of both acceptance and change. Sometimes people view self-compassion as merely going easy on oneself, but to alleviate our suffering, we often need to work hard or take active steps to protect ourselves. Recently I proposed the concept of fierce and tender self-compassion as a useful framework for understanding these two sides of self-compassion (Neff, 2021). Although this framework is used as a metaphor and has not been examined empirically, it is helpful for understanding the expression of self-compassion. Tender self-compassion involves "being with" ourselves in an accepting way. It entails soothing and comforting ourselves, reassuring ourselves that we aren't alone, and being present with and validating our pain. This is the healing power of self-compassion. When we feel hurt or inadequate, we're there for ourselves in a loving manner, acknowledging our pain and embracing ourselves as we are. This nurturing quality allows us to be less concerned with *what* is happening in our experience – whether it's painful, difficult, challenging, or disappointing – and to be more focused on how we are *relating* to it. We learn to be with ourselves in a new way. Rather than being lost in and engulfed by our pain, we're compassionate to ourselves *because* we're in pain. The care and concern we extend ourselves allows us to feel safe and accepted. When we open our hearts to what is, it generates a level of warmth that helps heal our wounds. For instance, self-compassion helps us recover from trauma (Scoglio et al., 2018), promotes self-acceptance (Zhang et al., 2020), and combats shame (Johnson & O'Brien, 2013).

The fierce quality of self-compassion is associated with "acting in the world" to alleviate suffering. It looks different depending on the action

required but tends to involve protecting ourselves, providing for our needs, or motivating change. *Protecting* means saying "no" to others who are crossing our boundaries or standing up to injustice. Research shows that self-compassion helps people feel stronger, more empowered, and assertive (Stevenson & Allen, 2017). It enables people to be more comfortable standing up to bullies (Vigna et al., 2017) and confronting others who threaten harm (Allen et al., 2017). *Providing* means taking action to give ourselves what we genuinely need. Self-compassionate people are more likely to engage in self-care behaviors such as physical exercise (Homan & Sirois, 2017). They are more likely to fulfill basic psychological needs for autonomy, competence, and relatedness (Gunnell et al., 2017) and to engage in activities that they truly enjoy and find satisfying (Schellenberg et al., 2016). Self-compassionate people are also more *motivated* to make healthy changes in their lives (see Chaps. 12 and 18), taking actions that promote learning (Hope et al., 2014) and personal growth (Breines & Chen, 2012). Rather than promoting complacency, self-compassion provides the personal initiative needed to take charge and fulfill one's dreams (Dundas et al., 2017).

Like yin and yang (Palmer, 1997), we need access to both tenderness and fierceness for wholeness and well-being. As people aim to alleviate their suffering with compassion, sometimes tender acceptance is called for and at other times fierce action is required. In order for us to support ourselves in a healthy manner, these two ways of being must be balanced and integrated. If not, they are in danger of becoming what's known in Buddhist psychology as a "near enemy." This term refers to a state of mind that appears similar to the desired state – hence it is "near" – but actually undermines it, which is why it's an "enemy." For instance, when acceptance occurs without willingness to take action, it can turn into complacency. Although it's important to love and accept ourselves as we are in the moment, that doesn't mean we want to *stay* as we are in the moment. If our behavior is unhealthy, we don't want to only accept ourselves, but we also want to make a change. At the same time, when the force of protection arises without access to feelings of tender care, it can turn into hostility and aggression toward others. We may start to see a situation as us versus them, I'm right and you're wrong. Self-compassion is empowered, but it's not overpowering. Similarly, trying to meet our needs without sufficient self-acceptance can morph into selfishness, without attention being paid to the needs of others. And the desire to motivate change that is not in balance with acceptance of our human weakness can result in striving or perfectionism. When fierce and tender self-compassion are in balance, we take action to make things better – not because we're unacceptable as we are, but because we care about ourselves. The more secure we feel in this tender self-acceptance, the more energy becomes available to fiercely protect ourselves, fulfill our needs, and achieve our goals.

How Does Self-Compassion Relate to Mindfulness?

Because mindfulness is a core component of self-compassion in my model, it is worth considering how these constructs are similar and how they differ (Neff & Dahm, 2014). First, the type of mindfulness that is part of self-compassion is narrower in scope than mindfulness more generally. The mindfulness component of self-compassion refers specifically to awareness of *suffering*. Mindfulness in general, however, refers to the ability to pay attention to any experience – positive, negative, or neutral – with equanimity. Self-compassion as a total construct is also broader in scope than mindfulness because it includes the elements of self-kindness and common humanity: actively soothing and comforting oneself when painful experiences arise and remembering that such experiences are part of being human. These qualities are not inherently part of mindfulness more narrowly defined. We can be mindfully aware of painful thoughts and feelings without actively soothing and comforting ourselves or remembering that these feelings are part of the shared human experience.

Another distinction between mindfulness and self-compassion lies in their respective targets. Whereas mindfulness is a way of relating to experience, self-compassion is a way of relating to the *experiencer* who is suffering (Germer, 2009; Germer & Barnhofer, 2017). While it's possible to be mindful of eating a raisin, an exercise commonly used to teach mindfulness (Kabat-Zinn, 1990), it wouldn't make sense to give compassion to the raisin, because it doesn't experience pain. Mindfulness involves nonjudgmentally accepting the thoughts, emotions, and sensations that arise in present-moment awareness. Compassion involves the desire for sentient beings to be happy and free from suffering (Salzberg, 1995). These theoretical distinctions between self-compassion and mindfulness should be made lightly, however, because both are experiences that cannot be fully captured by language or logic. At some level, both refer to a state of open heart and mind and cannot be fully disentangled.

How Does Self-Compassion Relate to Self-Esteem?

When I first operationally defined self-compassion (Neff, 2003b), I contrasted it with self-esteem and proposed that it was a healthier alternative (also see Chap. 3). Self-esteem refers to how much one likes or values the self, based on congruence with personal standards or on comparisons with others (Harter, 1999). There is general consensus that self-esteem is essential for good mental health, while the lack of self-esteem undermines well-being, fostering depression, anxiety, and other pathologies (Leary, 1999). There are potential problems with high self-esteem, however, not in terms of having it, but in terms of getting and keeping it (Crocker & Park, 2004).

High self-esteem requires standing out in a crowd – being special and above average (Heine et al., 1999). This is a problem, because it's logically impossible for everyone to be above average at the same time. Self-esteem is often evaluated in comparison with those who are "better" or "worse" than we are. Not surprisingly, the attempt to maintain self-esteem has been associated with narcissism and feelings of superiority (Bushman & Baumeister, 1998), inflated and unrealistic self-views (Sedikides, 1993), prejudice (Aberson et al., 2000), and bullying behavior (Salmivalli et al., 1999). To the extent that the self is evaluated in distinction to others, one may feel the need to derogate others to feel better about oneself.

Moreover, as William James (1890) proposed over a century ago, self-esteem involves evaluating personal performances (how good am I?) in comparison with set standards (what counts as good enough?) in domains of perceived importance (it's important to be good at this). This means that feelings of state self-esteem can be unstable, bouncing up and down according to our latest success or failure (Crocker et al., 2003). Self-esteem is a fair-weather friend, there for us in good times, deserting us when our luck turns.

Self-compassion is different from self-esteem. Although they're both strongly linked to psychological well-being, self-esteem is a positive evaluation of self-worth, while self-compassion isn't a judgment or an evaluation at all. Instead, self-compassion is way of *relating* to the ever-changing landscape of who we are with kindness and acceptance – especially when we fail or feel inadequate. Self-compassion doesn't require feeling better than others, but it simply requires acknowledging the shared human condition of imperfection. This means that we don't have to feel better than others to feel good about ourselves. Self-compassion also offers more emotional stability than self-esteem because it is always there for you – when you're on top of the world and when you fall flat on your face. Self-compassion is a portable friend we can always rely on, in good times and bad.

In many ways, self-compassion can be seen as a healthy way to value oneself. My research suggests that self-compassion and self-esteem are strongly correlated (Neff & Vonk, 2009) but that once their overlap is accounted for, self-compassion is not linked to social comparison, narcissism, and contingent self-worth the way

global self-esteem is and offers greater stability in self-worth over time.

Common Misgivings About Self-Compassion

There are many blocks to self-compassion in Western culture, often resulting from misconceptions about its meaning and consequences (Robinson et al., 2016). One common misconception is that self-compassion is *selfish*. Many people assume that spending time and energy being kind and caring toward themselves automatically means spending less time helping others. But research indicates that self-compassion leads to more caring relationship behavior and actually helps us sustain helping others without burning out (see Chaps. 14, 15, and 16). Another common misconception about self-compassion is that it means feeling sorry for yourself – that it's just a dressed-up form of *self-pity*. In fact, self-compassion is an *antidote* to self-pity and reduces the tendency to wallow in suffering. Self-compassion allows us to kindly acknowledge difficult feelings without becoming lost in them. It also reduces self-focus by framing suffering in the context of the shared human experience.

Some people fear that self-compassion will make them *weak* and that harsh self-judgment is needed to be tough. In this case, feelings of compassion are confused with "being nice" all the time. However, compassion can be fierce, taking a strong and resolute stand against anything that causes harm. It also leads to incredible strength and resilience in difficult circumstances (see Chap. 10). Another common misgiving about self-compassion is that it will lead to *self-indulgence*. Doesn't being kind to yourself mean giving yourself whatever you want? It must be remembered that self-compassion has its eye on the prize – the alleviation of suffering. Self-indulgence, on the other hand, involves giving oneself short-term pleasure at the cost of long-term harm. Research shows that self-compassion increases health promoting behaviors (see Chap. 18) rather than self-indulgence.

Perhaps the biggest block to self-compassion is the belief that it will undermine our motivation to improve. We think that self-criticism is necessary to reach our goals. In this case, there is confusion between *harsh self-judgment* and *constructive criticism*. Harsh self-judgment motivates through fear of inadequacy, whereas constructive criticism motivates through care and the desire to learn and grow. Because self-compassion makes it safe to fail, people are more able to learn from their failures and try again. For this reason, self-compassion is a more effective motivator than harsh self-criticism and provides grit and focus as we work toward our goals (see Chap. 12).

The Measurement of Self-Compassion

The majority of studies on self-compassion have been conducted using the Self-Compassion Scale (SCS; Neff, 2003a), which has been translated into at least 22 different languages (Neff & Tóth-Király, 2021). The SCS is a 26-item self-report measure that is designed to measure self-compassion as I have defined it (Neff, 2003b). It's a straightforward assessment of how often people engage in the various thoughts, emotions, and behaviors that align with the different dimensions of self-compassion. It measures self-compassion as a general construct but has six subscales which can be used to individually to examine the constituent components of self-compassion. Sample items are *self-kindness* ("I try to be loving toward myself when I'm feeling emotional pain."), *self-judgment* ("I'm disapproving and judgmental about my own flaws and inadequacies."), *common humanity* ("When things are going badly for me, I see the difficulties as part of life that everyone goes through."), *isolation* ("When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world."), *mindfulness* ("When I'm feeling down, I try to approach my feelings with curiosity and openness."), and *overidentification* ("When something upsets me, I get carried away with my feelings."). Self-judgment,

isolation, and overidentification items are reverse coded so that higher scores indicate a relative lack of UCS.

There is a large body of research indicating that scores on the SCS are associated with well-being, constituting construct validity. For example, higher scores on the SCS have been linked to greater levels of happiness, optimism, life satisfaction, body appreciation, perceived competence, and motivation (Hollis-Walker & Colosimo, 2011; Neff et al., 2005, 2007a, b, 2008, 2018a, b) and lower levels of depression, anxiety, stress, rumination, self-criticism, perfectionism, body shame and fear of failure (Breines et al., 2014a, b; Finlay-Jones et al., 2015; Neff, 2003a; Neff et al., 2005, 2018a, b; Raes, 2010), and healthier physiological responses to stress (Breines et al., 2014a; Friis et al., 2016). There is also evidence for predictive validity. Longitudinal studies have found that self-compassion levels predict stress, depression, anxiety, suicidality, and coping over time (Stefan, 2019; Stutts & Blomquist, 2018; Stutts et al., 2018; Zeller et al., 2015; Zhu et al., 2019).

The SCS demonstrates good discriminant validity. First, it is not significantly associated with social desirability (Neff, 2003a). Self-compassion can also be empirically differentiated from self-esteem, and the SCS demonstrates incremental predictive validity with regard to the construct (Krieger et al., 2015; Neff & Vonk, 2009) including in longitudinal research (Marshall et al., 2015). In addition, self-compassion can be differentiated from self-criticism. Although a key feature of self-compassion is the lack of self-judgment, overall SCS scores still negatively predict anxiety and depression when controlling for self-criticism and negative affect (Neff, 2003a; Neff et al., 2007a, b). Neff et al. (2007a, b) found that the SCS predicted significant variance in positive well-being after controlling for all the Big Five personality traits. Moreover, Neff et al. (2018b) established incremental validity with neuroticism in three separate studies, and Stutts et al. (2018) found that self-compassion predicted depression, anxiety, and stress while controlling for neuroticism in a longitudinal study.

The SCS demonstrates known groups validity: undergraduate and community adults have significantly lower scores on the SCS than individuals who practice Buddhist meditation, as would be predicted given the Buddhist roots of the construct (Neff, 2003a; Neff & Pommier, 2013). Similarly, clinical populations have lower levels of self-compassion than nonclinical populations (e.g., Castilho et al., 2015; Werner et al., 2012), which is also to be expected given that a lack of self-compassion is seen as a transdiagnostic feature of clinical populations (Schanche, 2013). The scale demonstrates good convergent validity as well. For instance, therapists' ratings of how "self-compassionate" individuals were (using a single item) after a brief interaction significantly correlated with self-reported SCS scores (Neff et al., 2007a, b), and there was a strong association (.70) between self-reported and partner-reported scores on the SCS among couples in long-term romantic relationships (Neff & Beretvas, 2013). Similarly, high levels of agreement (.77) were found between independent coders using SCS items to rate the level of self-compassion displayed in brief verbal dialogs (Sbarra et al., 2012). These findings suggest that the SCS measures behaviors that are clearly observable by others.

Factor Structure of the SCS

Neff (2003a) originally used confirmatory factor analysis (CFA) to examine the factor structure of the SCS and found adequate fit for a higher-order model and a six-factor correlated model, justifying use of the SCS as a total score or else six subscale scores. Since then, several other validation studies have been carried out on the SCS (for an overview, see Neff et al., 2019). While the six-factor correlated model has generally been replicated, findings of a single higher-order factor have been inconsistent. Some studies have found support for a higher-order model (e.g., Benda & Reichová, 2016; Castilho et al., 2015; Dundas et al., 2016), but others have not (e.g., Brenner et al., 2017; Costa et al., 2015; López et al., 2015; Montero-Marín et al., 2016; Neff et al., 2017; Williams et al., 2014).