

### **Self-Compassion III: The Research**

#### ***The Creation and Evolution of Self-Compassion as a Field of Psychological Study and Clinical Practice***

The creation of a new field of psychological study tends to follow a particular progression. Initially the identification of a previously unresearched psychological construct includes efforts to define the construct and develop reliable instruments to measure it. In the case of self-compassion, this first stage was largely the work of a single professional, Kristin Neff (See [Self-Compassion Lesson II](#)). What is perhaps somewhat remarkable with Neff's work on self-compassion is the degree to which her setting of the stage has almost single-handedly shaped the field. For example, in contrast to research efforts on forgiveness and self-forgiveness, characterized by a variety of definitions and a multiplicity of measurement tools, Neff's initial definition has so far stood the test of time as the standard definition in nearly all research on the topic while her measurement tool, the Self-Compassion Scale, is the primary instrument used to measure this psychological construct (See [Self-Compassion Lesson II](#)). Neff's seminal field-creating article, [Self-compassion: An alternative conceptualization of a healthy attitude towards oneself](#) (2003), includes her three-part definition of self-compassion. Those interested in Neff's work on creating and validating her Self-Compassion Scale can find it described in another article entitled [The development and validation of a scale to measure self-compassion](#) (2003).

With a clear standard definition and widely accepted measurement tool in place, research on self-compassion then followed a familiar pattern. The earliest research assessed self-compassion as a personality trait and explored what other traits and kinds of experience were associated with its strength or weakness in an individual's psychological makeup. This approach has documented some of the benefits of self-compassion. The second category of research included studies measuring the presence or absence of this construct in individuals with specific clinical diagnoses or symptoms.

When the first two types of research began to show strong associations between self-compassion and positive aspects of human well-being, the study of efforts to strengthen this quality through various kinds of interventions emerged in the research literature. Lastly, researchers have begun to use self-compassion training techniques with populations suffering from mental health problems to test its efficacy as a treatment intervention. In addition, some researchers have explored cross-cultural aspects of self-compassion, while others have considered the benefits of self-compassion as a practice for clinicians themselves.

#### ***Characteristics of the Self-Compassionate Personality.***

Not surprisingly, the earliest research in the U.S. was done by Neff and her colleagues. In 2006, Neff, Rude, and Kirkpatrick published their findings of their research exploring the relationship of self-compassion to various personality traits among 177 undergraduates. They found positive correlations between self-compassion and "happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness" while self-compassion was negatively associated with "negative affect and neuroticism." (Neff (2006) [An examination of self-compassion in relation to positive psychological functioning and personality traits](#))

In a second 2006 study, Neff, Kirkpatrick, and Rude showed that self-compassion offers some protection against anxiety in ego-threatening situations and evidence that increases in self-compassion were accompanied by greater psychological well-being. In a part of their study where participants were asked to describe their own weaknesses in writing, analysis of subjects' writing styles demonstrated that those who showed stronger self-compassion used language reflecting "a more interconnected and less separate view of the self, even when considering personal weaknesses." The authors go on to note that other studies have associated similar language usage patterns with lower levels of depression and better relationships. (These researchers also measured self-esteem but found no correlation between self-esteem and connective language patterns.) (Neff, K., Kirkpatrick, K., and Rude, S. (2006) [Self-compassion and adaptive psychological functioning](#))

In 2009, Neff and Vonk compared self-compassion, as defined by Neff, to self-esteem in two studies. They found that both constructs were equally strong in predicting happiness, optimism, and positive affect. However self-compassion was more strongly associated with "stable feelings of self-worth" while self-esteem was more clearly associated with "social comparison, public self-consciousness, self-rumination, anger and the need for cognitive closure." Perhaps especially noteworthy was the clear association between self-esteem and narcissism, something not found with self-compassion. (Neff, K. and Vonk, R. (2009) [Self-compassion versus global self-esteem: Two different ways of relating to oneself](#)) Neff and Vonk's conclusion's supported the results of earlier research by Leary, et al (2007). They conducted five studies to explore the effects of self-compassion on negative self-relevant events such as distressing social incidents or receiving ambivalent feedback. Comparing their results with earlier research on self-esteem, Leary et al. concluded that "self-compassion attenuates people's reactions to negative events in ways that are distinct from and, in some cases, more beneficial than, self-esteem." (Leary, M., et al. (2007) [Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly](#))

In a study with somewhat mixed results, Allen, Goldwasser, and Leary examined the relationship between self-compassion and well-being among elderly adults ranging in age from their 60's to 90's. In their 2011 research project, self-compassion was not associated with higher well-being scores for those who were physically healthy. But among those in poor health, subjects who demonstrated stronger self-compassion capacities also scored higher on the well-being scale. Results also showed that those with higher self-compassion scores were "less bothered by the use of assistance," although they were not necessarily more likely to use assistive devices. (Allen, A., Goldwasser, E., and Leary, R. (2011) [Self-compassion and well-being among older adults](#))

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Additional studies of self-compassion as a personality trait have shown that it is positively related to lower levels of loneliness (Akin, A. (2010) [Self-compassion and loneliness](#)), use of emotionally-focused strategies, as opposed to avoidance, in the face of negative news about grades among college students (Neff, K., Hsieh, Y., and Djitterat, K. (2005) [Self-compassion, achievement goals, and coping with academic failure](#)), and improved goal management skills leading to enhanced well-being (Neely, M., et al., 2009, [Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being.](#))

### ***Self-compassion and Specific Clinical Issues***

Evidence supporting the benefits of self-compassion as a personality trait is growing. But what about its benefits for those experiencing clinically significant mental health challenges? In their 2008 study of self-compassion and post-traumatic stress disorder, Thompson and Waltz gathered data from over 200 university students, nearly half of whom reported having experienced a significant trauma. Analysis of the results from that subgroup suggested that trauma victims with more self-compassion were less likely to engage in avoidance behaviors, a common post-trauma symptom. The authors suggest that “Individuals high in self-compassion may engage in less avoidance strategies following trauma exposure, allowing for a natural exposure process.” (Thompson, B., and Waltz, J. (2008) [Self-compassion and PTSD symptom severity](#)) In a related study in 2011 by Vettesse et al., the authors concluded that transition-aged youth who had a history of childhood maltreatment may benefit from self-compassion interventions. The authors’ data showed that among their subjects, those who scored higher for trait self-compassion also had fewer problems with emotional dysregulation. (Vettesse, L., et al. (2011) [Does self-compassion mitigate the association between childhood maltreatment and later emotion regulation difficulties? A preliminary investigation](#))

In 2011, Werner et al. compared self-compassion scores on Neff’s scale for patients diagnosed with social anxiety disorder (SAD) with those for healthy controls (HC). As they predicted, patients with SAD showed less self-compassion. While self-compassion scores did not correlate with severity of SAD, within the SAD group, those with lower self-compassion scores showed higher fear levels for both negative and positive evaluation. When the researchers analyzed their results relative to their subjects’ age, patients with SAD scored lower for self-compassion as their age increased while the opposite was true for the HC group. They concluded that “self-compassion may be a particularly important target for assessment and treatment in persons with SAD.” (Werner, K., et al. (2011) [Self-compassion and social anxiety disorder](#))

Three studies that focused on subclinical levels of potentially clinically significant issues also pointed to the possible usefulness of self-compassion in the treatment of these issues. First, in 2009, Raes researched the relationship between self-compassion, depression and anxiety among nearly 300 nonclinical undergraduates. He specifically targeted the connection between self-compassion and the tendency to ruminate and worry. Findings showed that self-compassion reduced depression by negatively affecting the tendency for brooding rumination. Self-compassion also predicted lower anxiety by reducing the tendency both to worry and to brood. (Raes, F. (2009) [Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety](#)) A later study in 2011 by Van Dam et al. compared mindfulness and self-compassion in relation to “anxiety, depression, worry, and quality of life” in a population of 500 people who had sought self-help for anxiety. Like Renden, they found that self-compassion was a significantly stronger predictor for psychological health than was mindfulness. (Van Dam, N., et al. (2010) [Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression](#))

Lastly, self-compassion may also be useful in the prevention and treatment of alcohol abuse. In 2006, using a series of online questionnaires, Rendon studied 300 college students for correlations between alcohol use and mindfulness, self-compassion, self-esteem, and psychological symptoms. Rendon found that those students with the highest self-esteem and the highest self-compassion were least likely to use alcohol. Specifically analyzing the role of self-compassion, the author concludes that “It appears that self-compassion first reduces depression, anxiety, painful affective states, stress, and tension, which in turn reduce drinking.” (p. 79) Like Van Dam, et al., Rendon also reported that self-compassion proved to be more strongly associated with psychological health than was mindfulness. (Rendon, 2006) [Understanding alcohol use in college students: A study of mindfulness, self-compassion, and psychological symptoms](#))

### ***Self-Compassion Interventions with Clinical Populations***

While there is growing evidence to suggest the potential efficacy of self-compassion interventions for various clinical issues, actual intervention research on self-compassion with clinical populations is still in its infancy. In a 2006 pilot study, Gilbert and Proctor used Gilbert’s Compassionate Mind Training (CMT) intervention (12 two-hour sessions) with a small group of patients at a cognitive-behavioral-based day treatment center for those with chronic mental health problems. Their results, based on the six patients who completed the full 12 sessions, indicated “significant reductions in depression, anxiety, self-criticism, shame, inferiority, and submissive behavior (and) .. a significant increase in the participants’ ability to be self-soothing and focus on feelings of warmth and reassurance for the self.” (Gilbert, P., and Proctor, S. (2006) [Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach](#))

Two years later Mayhew and Gilbert conducted a study using CMT adapted for individual therapy with patients diagnosed with schizophrenia who also experienced hearing malevolent auditory hallucinations. Initially seven subjects were recruited, though for various reasons four dropped out before completing the 12 individual CMT sessions. Nonetheless the results for the 3 who completed the intervention were impressive. In the words of the authors, there were “decreases for all participants in depression, psychoticism, anxiety, paranoia, Obsessive Compulsive Disorder, and interpersonal sensitivity. All three participants’ auditory hallucinations also became less malevolent, less persecuting, and more reassuring.” (Mayhew, S. and Gilbert, P. (2008) [Compassionate mind training with people who hear malevolent voices: A case series report](#))

These studies suggest that some of the qualities of self-compassion can be increased through self-compassion interventions with clinical populations. However in both cases the number of subjects was very small. To date (2011) larger studies of CMT and similar interventions, such as Neff and Germer’s Mindful Self-Compassion (See [Self Compassion Lesson II](#)), have not yet been undertaken.

## ***Other Interventions or Psychological Skills that Enhance Self-Compassion***

In the absence of strong research on the efficacy of self-compassion interventions, there is, nonetheless, a growing body of evidence showing that self-compassion can be increased in various other ways. Over the past six years a number of studies have demonstrated that several different interventions that don't specifically target increasing self-compassion nonetheless do have that result. These interventions include: a 4-session loving-kindness meditation intervention (Weibel, D. (2007) [A loving-kindness intervention: Boosting compassion for self and others](#)), a Gestalt two-chair intervention for intrapsychic conflict (Kirkpatrick, K. (2005), [Enhancing self-compassion using a gestalt two-chair intervention](#)), process group psychotherapy (Jannazzo, E. (2009) [An examination of self-compassion in relation to process group psychotherapy](#)), and Mindfulness-Based Stress Reduction (MBSR) (Birnie, K., Speca, S., and Carlson, C. (2010), [Exploring self-compassion and empathy in the context of Mindfulness-based Stress Reduction \(MBSR\)](#)). All of the researchers in these studies assessed self-compassion using Neff's Self-Compassion Scale. As such, it seems fair to conclude that self-compassion is a trait that can be strengthened in various ways. However further research is needed to determine the best approaches to enhance self-compassion, both for the general population and for specific clinical populations.

### ***Contraindications for Self-Compassion Interventions***

So far, the evidence in favor of self-compassion is quite strong. But are there clinical situations where a self-compassion intervention would not be advisable? Baker and McNulty wondered if self-compassion might adversely effect motivation to "correct interpersonal mistakes" in the context of relationships. Their 2011 article reported conflicting gender-related results. For men, self-compassion increased motivation to atone for transgressions, but only among those with high conscientiousness (defined as being "determined, scrupulous, and reliable"). In contrast, for men scoring low on conscientiousness, self-compassion actually reduced corrective behavior and increased both marital dissatisfaction and inter-partner problems. (For similar results concerning self-forgiveness in the context of marriage see [Forgiveness Lesson V](#).) Among women, however, self-compassion seemed to have no negative effects. The authors theorize that this may be due to women being "inherently more motivated than men to preserve their relationships for cultural and/or biological reasons." To date, this study is the only one found by the authors offering any suggestion of contraindication for self-compassion. (Baker, L. and McNulty, J. (2011) [Self-compassion and relationship maintenance: The moderating roles of conscientiousness and gender](#))

### ***Cross-Cultural Considerations***

Clinicians who work with a multiplicity of ethnic groups might wonder if there are differences between cultures when it comes to self-compassion. In a 2008 study, Neff, together with Pisitsungkagarn in Thailand and Hsieh in Taiwan, examined self-compassion across three cultures. While they found that those with strong self-compassion also reported higher well-being in all three cultures, the level of self-compassion in the general population varied from one culture to another. Surprisingly, given that self-compassion is strongly associated with Buddhism, an Eastern religion prevalent in Thailand and Taiwan, only Thailand, of the two Asian cultures studied, showed higher self-compassion scores than did the United States. Neff et al.'s research also suggested that while in Thailand self-compassion was highly associated with interdependence, in both the United States and Taiwan it was associated with independence. (Neff, K., Pisitsungkarn, K., and Hsieh, Y. (2008) [Self-compassion and self-construal in the United States, Thailand, and Taiwan](#)) These results suggest that clinicians should be sensitive to potential culture-specific responses to self-compassion interventions.

### ***Self-Compassion for Clinicians***

Some researchers have looked at the value of self-compassion for therapists and other healthcare workers. A 2005 pilot study by Shapiro et al. looked at the ability of Mindfulness-Based Stress Reduction (MBSR) to cultivate self-compassion among health care professionals. They found that the eight-week MBSR intervention shows promise to both reduce stress and increase self-compassion for this group. (Shapiro, S. et al. (2005) [Mindfulness-Based Stress Reduction for health care professionals: Results from a randomized trial](#)) (For more on [MBSR](#) see our lesson on this topic.)

In a 2009 study of 164 professional counselors, Ringenbach showed those who practice some form of meditation demonstrated stronger self-compassion and less burnout than those who are not meditators. (Ringenbach, R. (2009) [A comparison between counselors who practice meditation and those who do not on compassion fatigue, compassion satisfaction, burnout and self-compassion](#)) Kanne used a grounded theory approach with eight seasoned clinicians who had practiced both mindfulness and self-compassion to study the effect of these qualities in the context of psychotherapy sessions. (For an overview of the grounded theory approach, see Borgatti's internet article [Introduction to Grounded theory](#).) In this 2009 dissertation research, after analyzing in-depth interview data, Kanne concluded that both mindfulness and self-compassion help clinicians in two ways. They not only enhance clinical skills but also contribute to "clinician resilience and well-being." (Kanne, A. (2009) A grounded theory study of mindfulness and self-compassion as they relate to clinical efficacy and clinician self-care.)

### ***Additional Resources***

Watch the following video to hear Kristin Neff lecture on the science of self-compassion.

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So far, the evidence in favor of self-compassion is quite strong. But are there clinical situations where a self-compassion intervention would not be advisable? Baker and McNulty wondered if self-compassion might adversely effect motivation to "correct interpersonal mistakes" in the context of relationships. Their 2011 article reported conflicting gender-related results. For men, self-compassion increased motivation to atone for transgressions, but only among those with high conscientiousness (defined as being "determined, scrupulous, and reliable"). In contrast, for men scoring low on conscientiousness, self-compassion actually reduced corrective behavior and increased both marital dissatisfaction and inter-partner problems. (For similar results concerning self-forgiveness in the context of marriage see [Forgiveness Lesson V](#).) Among women, however, self-compassion seemed to have no negative effects. The authors theorize that this may be due to women being "inherently more motivated than men to preserve their relationships for cultural and/or biological reasons." To date, this study is the only one found by the authors offering any suggestion of contraindication for self-compassion. (Baker, L. and McNulty, J. (2011) [Self-compassion and relationship maintenance: The moderating roles of conscientiousness and gender](#))

### ***Cross-Cultural Considerations***

Clinicians who work with a multiplicity of ethnic groups might wonder if there are differences between cultures when it comes to self-compassion. In a 2008 study, Neff, together with Pisitsungkagarn in Thailand and Hsieh in Taiwan, examined self-compassion across three cultures. While they found that those with strong self-compassion also reported higher well-being in all three cultures, the level of self-compassion in the general population varied from one culture to another. Surprisingly, given that self-compassion is strongly associated with Buddhism, an Eastern religion prevalent in Thailand and Taiwan, only Thailand, of the two Asian cultures studied, showed higher self-compassion scores than did the United States. Neff et al.'s research also suggested that while in Thailand self-compassion was highly associated with interdependence, in both the United States and Taiwan it was associated with independence. (Neff, K., Pisitsungankarn, K., and Hsieh, Y. (2008) [Self-compassion and self-construal in the United States, Thailand, and Taiwan](#)) These results suggest that clinicians should be sensitive to potential culture-specific responses to self-compassion interventions.

### ***Self-Compassion for Clinicians***

Some researchers have looked at the value of self-compassion for therapists and other healthcare workers. A 2005 pilot study by Shapiro et al. looked at the ability of Mindfulness-Based Stress Reduction (MBSR) to cultivate self-compassion among health care professionals. They found that the eight-week MBSR intervention shows promise to both reduce stress and increase self-compassion for this group. (Shapiro, S. et al. (2005) [Mindfulness-Based Stress Reduction for health care professionals: Results from a randomized trial](#)) (For more on [MBSR](#) see our lesson on this topic.)

In a 2009 study of 164 professional counselors, Ringenbach showed those who practice some form of meditation demonstrated stronger self-compassion and less burnout than those who are not meditators. (Ringenbach, R. (2009) [A comparison between counselors who practice meditation and those who do not on compassion fatigue, compassion satisfaction, burnout and self-compassion](#)) Kanne used a grounded theory approach with eight seasoned clinicians who had practiced both mindfulness and self-compassion to study the effect of these qualities in the context of psychotherapy sessions. (For an overview of the grounded theory approach, see Borgatti's internet article [Introduction to Grounded theory](#).) In this 2009 dissertation research, after analyzing in-depth interview data, Kanne concluded that both mindfulness and self-compassion help clinicians in two ways. They not only enhance clinical skills but also contribute to "clinician resilience and well-being." (Kanne, A. (2009) [A grounded theory study of mindfulness and self-compassion as they relate to clinical efficacy and clinician self-care](#).)

### ***Additional Resources***

Watch the following video to hear Kristin Neff lecture on the science of self-compassion.