CHAPTER 4

Self-Compassion and ACT

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Functional Beliefs	√
Mindfulness and Awareness	√
Perspective Taking	√
Values	
Experiential Acceptance	√
Behavioral Control	
Cognitive Skill	

One of the central goals of therapy is to relieve suffering—to help clients escape the dark hole of self-loathing, anxiety, and depression they often find themselves in. But what's the best way to achieve this goal? Approaches such as Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 1999) argue

that it's important to help clients broaden their repertoire of overt and private behaviors (such as thinking and feeling), even in the presence of difficult emotions and stressful circumstances. ACT techniques, which emphasize psychological flexibility, encourage clients to change their relationship to emotions and cognitions by cultivating mindfulness—a present-moment, nonjudgmental form of awareness. The current chapter will examine a construct that is closely linked to mindfulness—self-compassion. We will try to demonstrate ways in which elements of the ACT model of psychological wellness are related to the experience of self-compassion and how certain processes involved in ACT are essential to the roots of self-compassion (Hayes, 2008). First, however, more in-depth understanding of what we mean by "self-compassion" is needed.

What Is Self-Compassion?

Compassion involves sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering (Goertz, Keltner, & Simon-Thomas, 2010). Self-compassion is simply compassion directed inward. Drawing on the writings of various Buddhist teachers (e.g., Salzberg 1997), Neff (2003b) has operationalized self-compassion as consisting of three main elements: kindness, a sense of common humanity, and mindfulness. These components combine and mutually interact to create a self-compassionate frame of mind. Self-compassion is relevant when considering personal inadequacies, mistakes, and failures, as well as when confronting painful life situations that are outside of our control.

Self-kindness. Western culture places great emphasis on being kind to our friends, family, and neighbors who are struggling. Not so when it comes to ourselves. When we make a mistake or fail in some way, we may be more likely to beat ourselves up than put a supportive arm around our own shoulder. And even when our problems stem from forces beyond our control, such as an accident or traumatic event, we often focus more on fixing the problem than calming and comforting ourselves. Western culture often sends the message that strong individuals should be like John Wayne—stoic and silent toward their own suffering. Unfortunately, these attitudes rob us of one of our most powerful coping mechanisms when dealing with the difficulties of life—the ability to comfort ourselves when we're hurting and in need of care.

Self-kindness refers to the tendency to be supportive and sympathetic toward ourselves when noticing personal shortcomings rather than being harshly critical. It entails relating to our mistakes and failings with tolerance and understanding, and recognizing that perfection is unattainable. Self-compassion is expressed in internal dialogues that are benevolent and encouraging rather than cruel or disparaging. Instead of berating ourselves for being inadequate, we offer ourselves warmth and unconditional acceptance. Instead of getting fixated in a problem-solving mode and ignoring our own suffering, we pause to emotionally comfort ourselves when confronting painful situations. With self-kindness, we make a peace offering of warmth, gentleness, and sympathy from ourselves to ourselves so that true healing can occur.

Common humanity. All humans are flawed works in progress; everyone fails, makes mistakes, and engages in dysfunctional behavior. All of us reach for things we cannot have and ~~have to~~ remain in the presence of difficult experiences that we desperately want to avoid. Just as the Buddha realized, some 2,600 years ago, all of us suffer. Often, however, we feel isolated and cut off from others when considering our struggles and personal shortcomings, irrationally reacting as if failure and pain were aberrations. This isn't a logical process but a kind of tunnel vision in which we lose sight of the larger human picture and focus primarily on our own seemingly feeble and worthless selves. Similarly, when things go wrong in our external lives through no fault of our own, we often assume that other people are having an easier time of it, that our own situation is abnormal or unfair. We feel cut off and separate from other people who are presumably leading "normal," happy lives.

With self-compassion, however, we take the stance of a compassionate "other" toward ourselves. Through this act of perspective taking, our outlook becomes broad and inclusive, recognizing that life's challenges and personal failures are simply part of being human. Self-compassion helps us to feel more connected and less isolated when we are in pain. More than that, it helps put our own situation into context. Perhaps a situation that seemed like the end of the world at first, being fired from a job, for instance, doesn't seem quite as terrible when considering that other people lose their homes or their loved ones. When we remember the shared nature of suffering it not only makes us feel less isolated, it also reminds us that things could be worse.

Recognition of common humanity also reframes what it means to be a self. When we condemn ourselves for our inadequacies, we are assuming that there is in fact a separate, clearly bounded entity called "me" that can be pinpointed and blamed for failing. But is this really true? We always exist in a present moment context, and the range of our behavioral responses is informed by our individual histories (Hayes, 1984). Let's say you criticize yourself for having an anger issue. What are the causes and conditions that led you to be so angry? Perhaps in-born genetics plays a role. But did you choose your genes before entering this world? Or maybe you grew up in a conflict-filled household in which shouting and anger were the only ways to get heard. But did you choose for your family to be this way? If we closely examine our "personal" failings, it soon becomes clear that they are not entirely personal. We are the expression of millions of prior circumstances that have all come together to shape us in the present moment. Our economic and social backgrounds, our past associations and relationships, our family histories, our genetics—they've all had a profound role in creating the person we are today. And thus we can have greater acceptance and understanding for why we aren't the perfect people we want to be.

Mindfulness. Mindfulness involves being aware of present moment experience in a clear and balanced manner (Brown & Ryan, 2003). Mindful acceptance involves being "experientially open" to the reality of the present moment, allowing ~~whatever~~ thoughts, emotions, and sensations enter awareness without judgment, avoidance, or repression (Bishop et al., 2004). Why is mindfulness an essential component of self-compassion? First, it is necessary to recognize you're suffering in order to give yourself compassion. While it might seem that suffering is obvious, many people don't acknowledge how much pain they're in, especially when that pain stems from their own inner self-critic. Or when confronted with life challenges, people often get fixated in problem solving such that they don't consider how much they are struggling in the moment. While the tendency to suppress or ignore pain is very human, an avoidant style of coping with negative emotions can lead to dysfunctional and ultimately ineffective strategies such as substance misuse, binge eating, or social withdrawal (Holahan & Moos, 1987). Mindfulness counters the tendency to avoid painful thoughts and emotions, allowing us to hold the truth of our experiences even when unpleasant.

At the same time, being mindful means that we don't become "over-identified" (Neff, 2003b) with negative thoughts or feelings so that we are caught up and swept away by our aversive reactions (Bishop et al., 2004). 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 am I disappointed, "MY LIFE IS DISAPPOINTING." Overidentification means that we reify our moment to moment experiences, perceiving transitory events as definitive and permanent. When we observe our pain mindfully, however, new behaviors become possible. Like a clear, still pool without ripples, mindfulness mirrors what's occurring, without distortion. This allows us to take a wiser and more objective perspective on ourselves and our lives.

Self-Compassion and Well-Being

Gilbert and Irons (2005) suggest that self-compassion enhances well-being primarily because it deactivates the threat system (associated with self-criticism, insecure attachment, and defensiveness) and activates the self-soothing system (associated with secure attachment, safety, and the oxytocin-opiate system). By increasing feelings of safety and interconnectedness and reducing feelings of threat and isolation, self-compassion fosters greater emotional balance. The body of research literature on self-compassion—which has grown dramatically over the past decade—supports its psychological benefits.

The majority of studies on self-compassion have been correlational, using a self-report measured called the Self-Compassion Scale (Neff, 2003a). However, more recent research has started to examine self-compassion using experimental manipulations or interventions (e.g., Adams & Leary, 2007; Kelly, Zuroff, Foa, & Gilbert, 2009; Shapira & Mongrain, 2010). One of the most consistent findings is that greater self-compassion is linked to less anxiety, ~~rumination,~~ and depression (see ~~Neff, 2009 for a review~~). For instance, Neff, Kirkpatrick, and Rude (2007) asked participants to take part in a mock job interview in which they were asked to "describe their greatest weakness." Even though self-compassionate people used as many negative self-descriptors as those low in self-compassion, they were less likely to experience anxiety as a result

of the task. There may be physiological processes underlying the negative association between self-compassion, anxiety, and depression. Rockcliff et al. (2008) found that an exercise designed to increase feelings of self-compassion was associated with reduced levels of the stress hormone cortisol. It also increased heart-rate variability, which activates the parasympathetic nervous system and is associated with a greater ability to regulate emotions so that they are responsive to situational demands (e.g., self-soothing when stressed) (Porges, 2007).

One easy way to help clients soothe and comfort themselves when they're feeling emotional distress is to encourage them to give themselves a gentle hug or caress, or simply put their hand on their heart and feel its warmth. What's important is to make a clear gesture that conveys feelings of love, care, and tenderness. If other people are around, it's possible to fold one's arms in a nonobvious way, gently squeezing in a comforting manner. Research indicates that soothing touch releases oxytocin, provides a sense of security, soothes distressing emotions, and calms cardiovascular stress (Goetz et al., 2010).

While self-compassion protects against maladaptive emotional states, it also helps to foster psychological strengths. For instance, self-compassion is associated with greater perspective-taking skills (Neff & Pommier, ~~in press~~), less dogmatism, and more cognitive flexibility (Martin, Staggers & Anderson, 2011), meaning that self-compassionate individuals tend to be more openminded and have a greater ability to switch cognitive and behavioral responses according to the context of the situation. Because self-compassion involves mentally stepping outside of oneself to consider the shared human experience and offer oneself kindness, findings suggest that general perspective-taking capacities may be central to compassionately understanding the experiences of both self and others.

Another important strength provided by self-compassion is the ability to cope effectively. This is illustrated in a recent study that examined the role self-compassion plays in adjustment to marital separation (Sbarra, Smith & Mehl, 2012). Researchers had divorcing

adults complete a 4-minute stream-of-consciousness recording about their separation experience, and independent judges rated how self-compassionate their dialogues were. Those who displayed greater self-compassion when thinking about their breakup not only evidenced better psychological adjustment at the time, but this effect persisted over nine months. Findings were significant even after accounting for competing predictors such as the number of positive/negative emotions initially expressed in the dialogues, trait attachment anxiety or avoidance, depression, self-esteem, and optimism. In fact, self-compassion was the strongest predictor of adjustment outcomes. This research suggests that therapists should target self-compassion when helping clients adjust to divorce or other stressful life situations.

While self-compassion helps lessen the hold of negativity, it's important to remember that self-compassion does not involve pushing negative emotions away. Indeed, negative emotions are a prerequisite for self-compassion. This point could be confusing, because the conventional wisdom in popular culture suggests that we should think positively rather than negatively. The problem, however, is that if you try to eliminate the negative, it's going to backfire. A great deal of research shows any attempt to suppress unwanted thoughts causes them to emerge into conscious awareness more strongly and more frequently than if they were given attention in the first place (Wenzlaff & Wegner, 2000). This is a particularly important area of common ground among ACT research and self-compassion research, as will be discussed below. Research shows that people with greater self-compassion are less likely to suppress unwanted thoughts and emotions (Neff, 2003a). Similarly, they're more willing to experience difficult feelings and to acknowledge that their emotions are valid and important (Neff, Kirkpatrick, & Rude, 2007). This allows the pain to just be there, no more, no less, so that unhelpful "add-on" suffering is minimized.

Instead of replacing negative feelings with positive ones, new positive emotions are generated by *embracing* the negative. Feelings of care, belonging, and tranquility are engendered when we approach our suffering with kindness, a sense of common humanity, and mindfulness. These feelings are experienced alongside the negative. Not surprisingly then, greater self-compassion has been linked to positive emotions such as happiness, curiosity, enthusiasm, interest, inspiration, and excitement

(Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007). By wrapping one's pain in the warm embrace of self-compassion, positive states are generated that help balance the negative ones. The positive affect generated by the kind, connected, and accepting mindset of self-compassion may help us break free of fear and greatly improve the quality of our lives. Barbara Fredrickson's broaden-and-build theory (see chapter 2) suggests that positive emotions allow people to take advantage of opportunities rather than merely avoid dangers, which may help explain the role that self-compassion plays in motivation.

Self-Compassion and Motivation

Many people think that self-compassion runs counter to motivation. They believe that self-criticism is necessary to motivate themselves and that if they're too self-compassionate they'll be lazy and self-indulgent. But is this true? A good analogy can be found in how good parents motivate their children. A compassionate mother wouldn't ruthlessly criticize her son when he messes up, telling him he's a failure. Instead, she would reassure her child that it's only human to make mistakes and that she'll offer whatever support needed to help him do his best. Her child will be much more motivated to try to attain his goals in life when he can count on his mother's encouragement and acceptance when he fails rather than being belittled and labeled as unworthy.

It ~~seems~~ easy to see this when thinking about healthy parenting, but it's not so easy to apply this same logic to ourselves. We're deeply attached to our self-criticism, and at some level we probably think the pain is helpful. To the extent that self-criticism does work as a motivator, it's because we're driven to succeed in order to avoid self-judgment when we fail. But if we know that failure will be met with a barrage of self-criticism, sometimes it can be too frightening to even try (Powers, Koestner, & Zuroff, 2007). We also use self-criticism as a means of shaming ourselves into action when confronting personal weaknesses. However, this approach backfires if weaknesses remain unacknowledged in an attempt to avoid self-censure (Horney, 1950). For instance, if you have a jealousy problem but continually blame things on your partner because you can't

face up to the truth about yourself, how are you ever going to achieve a more harmonious relationship? With self-compassion, we are motivated toward achievement for a different reason—because we care. If we truly want to be kind to ourselves and don't want to suffer, we'll do things to help us reach our full potential, such as taking on challenging new projects or learning new skills. Because self-compassion gives us the safety needed to acknowledge our weaknesses, we're in a better position to change them for the better.

Research supports the idea that self-compassion enhances motivation rather than self-indulgence. For instance, while self-compassion has no association with the level of performance standards adopted for the self, it is negatively related to maladaptive perfectionism (Neff, 2003a). In other words, self-compassionate people aim just as high as those who lack self-compassion but don't become as distressed and frustrated when they can't meet their goals. Research shows that self-compassionate people are less afraid of failure (Neff, Hsieh, & Dejitterat, 2005) because they know they won't face a barrage of self-criticism if they do fail. They are also more likely to reengage in new goals after failure, meaning they're better able to pick themselves up and try again (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Self-compassion is linked to greater personal growth initiative (Neff, Rude, & Kirkpatrick, 2007), which Robitschek (1998) defines as being actively involved in making changes needed for a more productive and fulfilling life.

Self-compassion has been found to promote health-related behaviors such as sticking to a diet (Adams & Leary, 2007), smoking cessation (Kelly et al., 2009), and starting a physical fitness regimen (Magnus, Kowalski, & McHugh, 2010). In addition, self-compassionate individuals demonstrate a greater ability to adjust and cope effectively with persistent musculoskeletal pain (Wren et al., 2012). Thus, self-compassion appears to enhance both physical and mental well-being.

In the two-chair dialogue studied by Gestalt therapist Leslie Greenberg, clients sit in different chairs to help get in touch with conflicting parts of themselves, experiencing how each aspect feels in the present moment. A variation on this technique can be used to increase self-compassion. To begin, put out three empty chairs, preferably in a triangular arrangement. Next, ask the client to think about an issue that troubles him or her and often elicits harsh self-judgment. Designate one chair for the voice of the inner critic, one chair for the part that feels judged, and one chair for the voice of a wise, compassionate observer. The client will be role-playing all three parts of him- or herself. After the dialogue finishes, you can help clients reflect upon what just happened. Do they have any new insights into how to treat themselves, how to motivate themselves with kindness rather than self-criticism, or other ways of thinking about the situation that are more productive and supportive?

Self-Compassion versus Self-Esteem

It's important to distinguish self-compassion from self-esteem, with which it might be easily confused. Self-esteem refers to the degree to which we evaluate ourselves positively and is often based on comparisons with others (Harter, 1999). In American culture, having high self-esteem means standing out in a crowd—being special and above average. There are potential problems with self-esteem, however, not in terms of having it, but in terms of how we get it. Research shows that people may engage in dysfunctional behaviors to obtain a sense of high self-worth (Crocker & Park, 2004), such as putting others down and inflating their own sense of self-worth as a way to feel better about themselves (Tesser, 1999). Self-esteem also tends to be contingent on perceived competence in various life domains (Harter, 1999), meaning that it can be unstable, fluctuating up and down according to our latest success or failure (Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000).

In contrast, self-compassion is not based on positive judgments or evaluations—it is a way of positively relating to ourselves. People feel

compassion for themselves because they are human beings, not because they are special or above average, and thus it emphasizes interconnection rather than separateness. Self-compassion offers more emotional stability than self-esteem because it exists regardless of whether things are going well or poorly. For instance, it's associated with less anxiety and self-consciousness than self-esteem when considering personal weaknesses (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, Kirkpatrick et al., 2007), and is linked with more stable and less contingent feelings of self-worth (Neff & Vonk, 2009). Self-compassion is associated with less social comparison, public self-consciousness, and ego-defensiveness when receiving unflattering personal feedback than is self-esteem (Leary et al., 2007; Neff & Vonk, 2009). Moreover, while trait self-esteem evidences a substantial overlap with narcissism, self-compassion has not been found to be associated with narcissism (Neff, 2003a; Neff & Vonk, 2009). Thus, self-compassion appears to entail many of the benefits of high self-esteem with fewer of its drawbacks.

This distinction between self-compassion and self-esteem is important when dealing with clients who suffer from shame or low self-worth. Trying to help people to judge themselves more positively may increase the tendency to form global self-evaluations rather than focus on specific maladaptive behaviors, making change more difficult. This is partly because people with low self-esteem often prefer to verify and maintain their identity rather than engage in the positive self-illusions that are common among those high in self-esteem (Swann, 1996). It may be more possible to raise people's levels of self-compassion, given that it requires them to merely acknowledge and accept their human limitations with kindness rather than change their self-evaluations from negative to positive.

Self-Compassion and Interpersonal Functioning

While there is evidence that self-compassion psychologically benefits the individual, there is also evidence that self-compassion enhances interpersonal relationships. In a study of heterosexual couples (Neff & Beretvas, ~~in press~~), self-compassionate individuals were described by

their partners as being more emotionally connected, accepting, and autonomy supporting while being less detached, controlling, and verbally or physically aggressive in their relationship than those lacking self-compassion. Not surprisingly, the partners of self-compassionate individuals also reported being more satisfied with their relationship. Because self-compassionate people meet many of their own needs for care and support, they have more emotional resources available to give compassion to relationship partners. Because they accept and validate themselves, they don't need to gain approval from others to maintain a sense of self-worth. This suggests that teaching skills of self-compassion when working with couples experiencing relationship difficulties would be an effective way to break patterns of emotional neediness, anger, control, and ego-defensiveness. It would also be a means to enhance intimacy and mutual support among couples.

An interesting question concerns whether self-compassionate people are more compassionate toward others. In one of the few studies on the topic, Neff and Pommier (~~in press~~) examined the link between self-compassion and empathy, personal distress, and forgiveness among college undergraduates, an older community sample, and individuals practicing Buddhist meditation. Among all three groups, self-compassionate people were less likely to experience personal distress when considering others' pain, meaning they were more able to confront suffering without being overwhelmed. This suggests that self-compassion may be an important skill to teach to caregivers and health professionals (Barnard & Curry, ~~in press~~), who often experience burnout from over-exposure to others' trauma. In addition, self-compassion was significantly associated with forgiveness. Forgiving others requires understanding the vast web of causes and conditions that lead people to act as they do (Worthington et al., 2005). The ability to forgive and accept one's flawed humanity, therefore, appears to be linked to the ability to forgive and accept others' transgressions.

The study also found that self-compassion was significantly linked to empathetic concern for others among community adults and Buddhists, but not undergraduates. This may be because young adults often struggle to recognize the shared aspects of their life experience, overestimating their distinctiveness from others (Lapsley, FitzGerald, Rice, & Jackson, 1989). Thus, young adults' schemas for why they are deserving of care

and why others are deserving of care may be poorly integrated, so that their treatment of themselves and others is relatively unrelated. The strength of the association between self-compassion and other-focused concern tended to be the greatest among meditators, likely reflecting meditation practices, which intentionally cultivate compassion for both self and others, and aim to recognize that all beings suffer and want release from suffering (see Hofmann, Grossman & Hinton, 2011 for a review). This research suggests that when working with youths there should be an explicit emphasis on connecting the experiences of oneself and others, and that meditation may be one way to facilitate this connection.

Origins of Self-Compassion

While research on this topic is new, there is some evidence to support Gilbert and Iron's (2005) contention that self-compassion is associated with the care-giving system. In a study of adolescents and young adults, Neff and McGehee (2010) found that maternal support was associated with significantly greater self-compassion, while maternal criticism was linked to less self-compassion. Self-compassion levels were also significantly predicted by degree of family functioning more generally. Individuals from harmonious, close families were more self-compassionate, whereas those from stressful, conflict-filled homes were less self-compassionate. The study also found that self-compassion was linked to attachment style, with secure attachment linked to greater self-compassion. This suggests that individuals who did not receive warmth and support from their parents as children may not have the solid emotional foundation needed to give themselves compassion later in life. Similarly, Vettese, Dyer, Li, and Wekerle (2011) found that youths who were maltreated as children had significantly lower self-compassion, and this lack of self-compassion mediated the link between degree of maltreatment and later emotional regulation difficulties, psychopathology, and drug and alcohol dependence. Findings such as these highlight the need for clinical interventions that can enhance self-compassion to help individuals with problematic family histories cope effectively as adults.

Self-Compassion and Clinical Interventions

There is some evidence to suggest that self-compassion may be an important process in psychotherapeutic change. For example, increased self-compassion has been found to be a key mechanism in the effectiveness of mindfulness-based interventions such as Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR; Baer, 2010). Jon Kabat-Zinn (1991) originally developed MBSR in the late 1970s, and it is probably the most common mindfulness intervention program offered worldwide. MBSR is an experiential learning program that includes weekly group sessions, regular home practice, and a core curriculum of formal and informal mindfulness practices. This core curriculum was later incorporated into MBCT as an adaptation for preventing depressive relapse (Segal et al., 2002), and additional psycho-education and exercises specific to depression were included. Meta-analyses indicate that MBSR and MBCT are related to improved outcomes in participants dealing with a variety of stressors and health problems (Grossman, Niemann, Schmidt, & Walach, 2004).

Shapiro, Astin, Bishop, and Cordova (2005) found that health care professionals who took an MBSR program reported significantly increased self-compassion and reduced stress levels compared to a wait-list control group. They also found that increases in self-compassion mediated the reductions in stress associated with the program. Similarly, Kuyken et al. (2010) examined the effect of MBCT compared to maintenance antidepressants on relapse in depressive symptoms. They found that increases in mindfulness and self-compassion following MBCT participation mediated the link between MBCT and depressive symptoms at 15-month follow-up. It was also found that MBCT reduced the link between cognitive reactivity (i.e., the tendency to react to sad emotions with depressive thinking styles) and depressive relapse, and that increased self-compassion (but not mindfulness) mediated this association. This suggests that self-compassion skills may be an important key to changing habitual thought patterns so that depressive episodes are not retriggered.

Because self-compassion appears to be a major therapeutic factor in mindfulness-based interventions, people have recently been starting to develop ways to teach self-compassion. Paul Gilbert (2010b) developed a

general therapeutic approach termed compassion-focused therapy (CFT) that helps clients develop the skills and attributes of a self-compassionate mind, especially when their more habitual form of self-to-self relating involves shame and self-attack. CFT increases awareness and understanding of automatic emotional reactions such as self-criticism that have evolved in humans over time, and how these patterns are often reinforced in early childhood. The key principles of CFT involve motivating people to care for their own well-being, to become sensitive to their own needs and distress, and to extend warmth and understanding toward themselves. CFT techniques include mindfulness training, visualizations, compassionate cognitive responding, and engaging in self-compassionate overt behaviors and habits. This takes place through a systematic process, known as compassionate mind training (CMT). This program is currently being used with apparent success to treat eating disorders, anxiety disorders, bipolar disorders, smoking cessation, shame, and other forms of suffering (Gilbert, 2010a; Gilbert & Procter, 2006; Kelly, Zuroff, Foa, & Gilbert, 2010).

Kristin Neff and Chris Germer (2009) have developed a self-compassion training program suitable for nonclinical populations called mindful self-compassion (MSC). The term "mindful" is included in the name of the program because it also teaches basic mindfulness skills, which—as discussed above—are crucial to the ability to give oneself compassion. The structure of MSC is modeled on MBSR, with participants meeting for two hours once a week over the course of eight weeks, and also meeting for a half-day "mini retreat." The program uses discussion, experiential exercises, and contemplative meditations designed to increase awareness of self-compassion and how to practice it in daily life. Note that MSC mainly focuses on teaching self-compassion skills and includes mindfulness as a secondary emphasis (only one session in the eight-week course is exclusively devoted to mindfulness). In contrast, programs such as MBSR and MBCT mainly teach mindfulness skills and have an implicit rather than explicit focus on self-compassion. This suggests that the MSC program is complementary to mindfulness-based programs rather than being in competition with them.

A randomized controlled study of the MSC program was recently conducted that compared outcomes for a treatment group to those who were randomized to a waitlist control group (Neff & Germer, 2011). Results indicated that participation in the workshop significantly

~~increased self-compassion, mindfulness, compassion for others, and life satisfaction, while significantly decreasing depression, anxiety, stress, and emotional avoidance.~~ The study also explored whether enhanced well-being was primarily explained by increases in self-compassion or whether it was also explained by increased mindfulness. It was found that while most of the gains in well-being were explained by increased self-compassion, mindfulness explained additional variance in terms of happiness, stress, and emotional avoidance. This suggests that both self-compassion and mindfulness are key benefits of the MSC program.

Advances in our understanding of the value of developing self-compassion as a change process in psychotherapy may also be applied to existing, evidence-based psychotherapies. ACT is a therapy that is particularly well suited to the integration of self compassion–focused interventions. As we will see, many of the key elements of the ACT process model are consistent with Neff's conceptualization of self-compassion, even if some of the language used may be different. Beyond the existing relationship between ACT practice and the development of self-compassion, ACT practitioners may benefit from targeting self-compassion as a process more directly. For example, John Forsyth and Georg Eifert (2008) have included compassion-focused techniques in their ACT protocol and self-help book for anxiety. The effectiveness of this self-help book is currently being examined in randomized controlled trials, and preliminary findings indicated that self-compassion many serve as an important process and outcome variable in this ACT intervention (~~Van Dam et al., 2010).~~ As theoretical and practical integration continues, self-compassion may more clearly emerge as an active psychotherapeutic process within the ACT model.

Self-Compassion from an ACT Perspective

ACT practitioners and researchers have been exploring the role of self-compassion in psychotherapy for some time now, though self-compassion has yet to be integrated as a formal component of the ACT process model (Forsyth & Eifert, 2008; Hayes, 2008; Luoma, Kohlenberg, Hayes, & Fletcher, 2012; Tirch, 2010; Van Dam et al., 2010).

In order to approach an understanding of self-compassion from an ACT perspective, we need to spend some time examining relational frame theory (RFT), the underlying theory of cognition that ACT is derived from. Among many other mental phenomena, RFT describes the processes of mindfulness, self-development, and perspective taking. It provides a behavioral account of language and cognition that can provide a useful way of considering how humans may develop a sense of self and a sense of others, and how we experience ourselves as situated in time and space (Barnes-Holmes, Hayes, Dymond, 2001; Törneke, 2010). All of this has relevance for understanding the emergence of self-compassion. An RFT account of self-compassion can help us understand how self-compassion functions and how we can develop methods to predict and influence self-compassionate behaviors.

In RFT theory, our ability to adopt a broader sense of self involves our ability to flexibly shift perspective. Our learned capacity for flexible perspective taking is also involved in our experience of empathy (Vilardaga, 2009), as well as our related experience of compassion. In order to understand self-compassion, therefore, it's useful to consider the "self" that is the focus of compassion, from an RFT perspective. The way we think about being a "self" and having a "self" and the way we use verbal functioning to experience the "self" are all dimensions of human experience that can be explored as ongoing verbal, behavioral processes rather than as static constructs (Vilardaga, 2009).

In RFT terms, the experience of "self" emerges from the type of verbal learning that establishes a perspective. A perspective means a point of view that is situated in time and space, relative to other points of view. We can symbolically represent this perspective in a number of ways. For example, we can imagine our perspective relative to another perspective: "How would she feel if she were in my shoes?" We can also imagine our perspective relative to all other perspectives: "I feel like I'm the only person in the world who feels this way!"

Using the language of behavior analysis, RFT posits that these verbal relations, known as "deictic relations," are trained relational operant behaviors, shaped by ongoing social interactions (Barnes-Holmes, Hayes, & Dymond, 2001). Deictic relations are building blocks of how we experience the world, ourselves, and the flow of time. Verbal relations that involve "I-You," "Here-There," and "Then-Now" involve perspective taking. For the concept "I" to have any meaning, there must be a "You"

involved. For "Here" to have meaning as a point of view, there must be a "There." Our sense of a self emerges from perspective taking.

When people ask us who we are, we might respond by telling some form of "life story." Responses like "My name is Fred, I'm from Texas, and I'm an attorney" make perfect sense. From an ACT perspective, this sense of self is known as "self-as-content." However, mindfulness and self-compassion can allow for an experience of a different sort of self. This self exists as a sort of observer, a silent "you" who has been watching your experience, moment by moment, for a very long time. This is sometimes referred to as "the observing self," or a "transcendent self" but is most often referred to in ACT as "self as context" (Hayes, Strosahl, & Wilson, 1999).

How is it that this "observer self," distinct from an experiencing self, arises? In order to understand this, let's turn again to ACT's roots in research on human language and cognition, RFT. Part of human relational responding involves trained capacities for perspective taking. Through these processes, our experience of being involves a sense of ourselves as a perspective before which the entirety of our experience unfolds, throughout our whole lives. This sense of ourselves as an observer is referred to as self as context in ACT because this experiential sense of self serves as the context within which our experiences are contained (Hayes, Strosahl, & Wilson, 1999). This sense of an "observing self" is important because while this observer can notice the contents of consciousness, it is not those contents themselves. We have a thought, but we are more than that experience, just in the way that we have arms, but we are more than just our arms. Emotions don't feel themselves, thoughts don't observe themselves, and physical pain doesn't experience itself. Throughout our lives, we can notice the presence of an "observing self," before which all of our experiences arise, exist, and disappear in time.

Upon considering the relationship between self-as-context and self-compassion, we can note that returning to an awareness of self-as-context offers us a nonattached and disidentified relationship to our experiences. This allows the habitual stimulus functions of our painful private events and stories to hold less influence over us. From the perspective of the I-Here-Nowness of being, I can view my own suffering as I might view the suffering of another and be touched by the pain in that experience, without the dominant interference of my verbal learning history, with its potential for shaming self-evaluations (Vilardaga, 2009; Hayes, 2008).

Steven Hayes (2008) has suggested that compassion may be the only value that is inherent in the ACT model of psychological well-being. According to him, we may find the roots of self-compassion and compassion emerging from six core processes described in the ACT model of psychotherapeutic change, sometimes known as "hexaflex" processes (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). These six processes work together in an interactive way to:

- bring us into direct experiential contact with our present moment experiences
- disrupt a literalized experience of mental events that narrows our range of available behaviors
- promote experiential acceptance
- help us to let go of overidentification with our narrative sense of "self"
- assist us in the process of values authorship
- facilitate our commitment to valued directions in our lives

Dahl, Plumb, Stewart, & Lundgren (2009) have outlined how these hexaflex processes directly affect compassion for self and others. According to their model, self-compassion involves our ability to willingly experience difficult emotions; to mindfully observe our self-evaluative, distressing, and shaming thoughts without allowing them to dominate our behavior or our states of mind; to engage more fully in our life's pursuits with self-kindness and self-validation; and to flexibly shift our perspective toward a broader, transcendent sense of self (Hayes, 2008).

Hexaflex processes are seen as fundamental elements of the ACT model of psychological well-being, which is known as "psychological flexibility" (Hayes et al., 2006). Psychological flexibility may be defined as "the ability to contact the present moment more fully as a conscious human being, and based on what the situation affords, to change or persist in behavior in order to serve valued ends" (Luoma, Hayes, & Walser, 2007, p. 17). Like self-compassion, psychological flexibility is strongly negatively correlated with depression, anxiety, and psychopathology and is highly positively correlated with quality of life (Kashdan & Rottenberg, 2010).

Evolutionary Basis of Compassion

Gilbert (2009) emphasizes that self-compassion is an evolved human capacity that emerges from the human behavioral systems involving attachment and affiliation, an argument supported by empirical research. Seeking proximity and soothing from caregivers to provide a secure base for operation in the world is a mammalian behavior that predates the human ability for derived relational responding, deictic relational framing, and the kind of observational capacity that arises in mindfulness training.

Nevertheless, the unique evolutionary advantage that we humans have in our capacity for derived relational responding has resulted in our particularly human quality of self-awareness, the ability to base our behavior on abstract thought and imagination, including our ability to be sensitive and moved by suffering we witness and our ability to be aware of our awareness (e.g., mindfulness). According to Wilson, Hayes, Biglan, and Embry (in press), this human capacity for symbolic thought affords us an "inheritance system" with a capacity for combinatorial diversity similar to that of recombinant DNA. In this way, both our genetic and psycholinguistic evolution have led us to be soothed by the experience of self-compassion and, for that experience of soothing and ensuing courage, to afford us with greater psychological flexibility and a secure base for functioning in the world.

Wang (2005) hypothesizes that human compassion emerges from an evolutionarily determined "species-preservative" neurophysiological system. This system is hypothesized as evolving in a relatively recent evolutionary time frame compared to the older "self-preservative" system. This "species-preservative" system is based on an "inclusive sense of self and promotes awareness of our interconnectedness to others" (Wang, 2005). Relative to some other animals, human infants and children may seem defenseless, requiring, as they do, a great deal of care and protection in their early lives. As a result, particular brain structures and other elements of the nervous and hormonal systems have evolved that promote nurturing behaviors, which involve protection of and care for others. Basic examples of this evolutionary progression can be observed by contrasting the parenting behaviors of reptiles and amphibians, for example, to that of mammalian species; the former lack even the most basic nurturing behaviors toward their own young, while mammalian species

(rats, for example) can be observed to display a wide range of caretaking behaviors.

Moving higher on the evolutionary ladder, Wang's review of the relevant literature suggests that the human prefrontal cortex, cingulate cortex, and ventral vagal complex are involved in the activation of this "species-preservative" system (Wang, 2005). These structures are all involved in the development of healthy attachment bonds and self-compassion. The development of both individually adaptive and group adaptive behavioral systems for dealing with threats can be viewed as an example of multilevel selection theory (Wilson, Van Vugt, & O'Gorman, 2008) and reflects how our evolutionary history informs our verbal relational network in ways that connect us to one another, and our place as an emergent species in the flow of life. Such an evolutionary perspective is intrinsically contextual in nature and reflects a potential area for multidisciplinary theoretical integration in the developing science of self-compassion.

Interplay of Mindfulness, Self-Compassion, and Psychological Flexibility

The elements of common humanity, kindness, and mindfulness are involved in each of the hexaflex processes elaborated upon by ACT theory, yet self-compassion also involves an intentional turning of these processes decidedly toward the alleviation of human suffering. Accordingly, self-compassion may account for more of the variance in psychopathology than mindfulness alone (Kuyken et al., 2010). Recently, Van Dam and colleagues (2010) found that self-compassion accounted for as much as 10 times more unique variance in psychological health than a measure of mindfulness did in a large community sample. When we consider the role of self-compassion in ACT, there is a temptation to find a way to fit self-compassion into the hexaflex model. It is important to remember that the hexaflex concepts are meant to be clinically applicable, midlevel terms, which describe the underlying principles of RFT in relatively everyday language. The hexaflex components are useful descriptors, but they do not need to represent all and everything that is

involved in human well-being and psychological flexibility. What distinguishes contextual behavioral science (CBS) is the application of fundamental behavioral principles to account for the prediction and influence of human behavior. As we will describe, further CBS research may help us to work in more effective ways with the powerful psychotherapy process variable that we find in self-compassion. Similarly, compassion-focused techniques may expand the technical base of ACT in theoretically consistent ways, much as techniques from Gestalt psychotherapy, other forms of CBT, and from the human potential movement have.

Conclusion

ACT is consistent with Neff's conceptualization of self-compassion in multiple ways, and each approach to understanding psychological resilience has something to offer the other. Although ACT's client protocols are generally presented in user-friendly language, the underlying behavioral theory and clinician literature that ACT is based upon can be challenging for therapists who are not coming from the behavior analytic tradition. Many find that RFT has a rather steep learning curve, given the range of new terms and concepts. ACT practitioners may benefit from the straightforward, direct, and understandable language and conceptual explanations that have emerged from the self-compassion literature. Also, interventions based upon theories of self-compassion and compassion such as the MSC program (Neff & Germer, 2011) and CFT (Gilbert, 2010b) might provide ACT clinicians with a range of effective, ACT-consistent procedures that involve the movement of common psychotherapy change processes.

Similarly, research on self-compassion may benefit from examining ways in which self-compassion is associated with ACT constructs such as acceptance, perspective taking, and psychological flexibility. The ACT-consistent goals of prediction and influence of human behavior, and precision, depth, and scope in functional analysis are scientifically healthy complements to the growing body of research on self-compassion.

Obviously, ongoing clinically relevant research on all of the emergent mindfulness- and compassion-informed psychotherapies is needed. In particular, there is a need for further randomized controlled trials that are designed with an awareness of the importance of mediational

analyses for psychotherapy process variables. This is true for ACT, CFT, and MSC. By employing mediational analyses we might examine the degree to which psychological flexibility and self-compassion serve as active process variables in these therapies. Component analyses of ACT interventions, which examine the relative contribution of different hexaflex processes and self-compassion are recommended. Such analyses might compare an ACT therapy condition with an added unit of self-compassion to an ACT intervention without overt self-compassion references.

As concepts are integrated, we are confronted with the question of what exactly is being measured when we use measures of psychological flexibility and self-compassion such as the AAQ-II (Bond et al., in press) and the SCS (Neff, 2003a). A strong link between these measures appears to exist, although research on this topic is very new. For example, in a study of 51 parents of autistic children, Neff (unpublished data) found a .65 zero-order correlation between the SCS and AAQ. Teasing out the differences in the AAQ and SCS, as well as the underlying hypothesized processes, will prove to be an important future step. Importantly, measurement of self-compassion, compassion for others, fear of compassion, and shame could all be integrated into the study of perspective taking, deictic framing, and theory of mind tasks. In this way, emotionally charged perspective-taking exercises could be deployed to examine the dynamics of compassion across training in enhanced perspective taking, further exploring the role of self-as-context in the experience of mindfulness, compassion, and empathy.

Clinically, ACT practitioners may find that there are a wide range of ACT-consistent techniques and intervention strategies found among compassion-informed therapies such as CFT and MSC. Beyond this, a range of Buddhist-derived exercises that use attention and visualization to enhance compassion and self-compassion are available. Psychotherapists might find it advisable to integrate these methods into their existing psychotherapy technique repertoires. Additionally, writings on the science and practice of compassion and self-compassion may be a useful resource for the authorship of valued directions, for both therapist and patient alike.

Practitioners of CFT or MSC may find a range of techniques within the ACT literature that may help patients to broaden their behavioral repertoires. Defusion techniques, values authorship techniques,

and targeting willingness in compassionate exposure are just a few ACT psychotherapeutic moves that are consistent with these compassion-focused approaches. Additionally, the underlying psychological flexibility process model of psychotherapy that forms the basis of ACT can provide a useful context within which to explore how a science of behavioral dynamics can account for and describe the experience of self-compassion.

From a less technical and theory-bound perspective, clinicians and clients who have encountered the experiential and contemplative techniques of either ACT or self compassion–based methods have had a shared experience, however it may be labeled. This experience involves more than adjustments of concepts and ideas. ACT and MSC methods allow people the space and time to step into the present moment, encountering themselves in a mindful, compassionate, and wholly accepting way. Perhaps this moment of radical acceptance and love is the greatest common ground between self-compassion psychology and ACT.

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