Self-Compassion, Self-Esteem, and Well-Being

Kristin D. Neff*
University of Texas at Austin

Abstract

This article focuses on the construct of self-compassion and how it differs from self-esteem. First, it discusses the fact that while self-esteem is related to psychological well-being, the pursuit of high self-esteem can be problematic. Next it presents another way to feel good about oneself: self-compassion. Self-compassion entails treating oneself with kindness, recognizing one's shared humanity, and being mindful when considering negative aspects of oneself. Finally, this article suggests that self-compassion may offer similar mental health benefits as self-esteem, but with fewer downsides. Research is presented which shows that self-compassion provides greater emotional resilience and stability than self-esteem, but involves less self-evaluation, ego-defensiveness, and self-enhancement than self-esteem. Whereas self-esteem entails evaluating oneself positively and often involves the need to be special and above average, self-compassion does not entail self-evaluation or comparisons with others. Rather, it is a kind, connected, and clear-sighted way of relating to ourselves even in instances of failure, perceived inadequacy, and imperfection.

Imagine that you're an amateur singer-songwriter, and you invite your friends and family to see you perform at a nearby coffeehouse that showcases local talent. After the big night you ask everyone how they thought it went. 'You were average' is the reply. How would you feel in this scenario? Ashamed, humiliated, like you were a failure? In our incredibly competitive society, being average is unacceptable. We have to be *special and above average* to feel we have any worth at all. The problem, of course, is that it is impossible for everyone to be above average at the same time. This means that we tend to inflate our self-evaluations (Alicke & Sedikides, 2009) and put others down so that we can feel superior in comparison (Tesser, 1999) – all in the name of maintaining our self-esteem. For instance, research has shown that fully 90% of drivers think they're more skilled than their road mates (Preston & Harris, 1965) – even people who've recently caused a car accident think they're superior drivers! This paper will argue that striving for high self-esteem can sometimes be counterproductive, and that self-compassion may offer a healthier and more sustainable way to feel good about oneself. First, however, I will consider some of the problems with seeing self-esteem as the ultimate marker of psychological health.

Psychology and Self-Esteem: A Love Affair

Self-esteem is an evaluation of our worthiness as individuals, a judgment that we are good, valuable people. William James, one of the founding fathers of Western psychology, argued that self-esteem was an important aspect of mental health. According to James, self-esteem is a product of 'perceived competence in domains of importance' (James, 1890). This means that self-esteem is derived from thinking we're good at things that have significance to us, but not those we don't personally value (e.g., one teen male

may invest his self-esteem in being a good football player but not a high–achieving student, whereas the opposite may be true for another teen). Charles Horton Cooley, an early sociologist, proposed that feelings of self-worth also stem from the 'looking glass self' – our perceptions of how we appear in the eyes of others (Cooley, 1902). Interestingly, self-esteem is often impacted more powerfully by the opinions of acquaintances than close others (Harter, 1999), meaning that the foundations of self-esteem can be vague and ill–formed. (After all, how well do we really know acquaintances' opinions and how well do they really know us?)

Psychologists' interest in self-esteem has grown exponentially over the years, with more than 15,000 journal articles written about the topic (Baumeister, 1998). The vast majority of articles argue that self–esteem is positively associated with adaptive outcomes (see Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004, for a review).

There have been several large-scale programs to promote self-esteem in the schools (Mecca, Smelser, & Vasconcellos, 1989). Many self-esteem programs for school kids, however, tend to emphasize indiscriminate praise. Elementary schools in particular assume that their mission is to raise the self-esteem of their pupils, to prepare children for success and happiness later on in life. For this reason, they discourage teachers from making critical remarks to young children because of the damage it might do to their self-esteem (Twenge, 2006). The desire to raise children's self-esteem has led to some serious grade inflation: 48% of high school students received an A average in 2004, as compared to 18% in 1968 (Sax et al., 2004). The question is, however, is all this emphasis on raising self-esteem necessarily a good thing?

Pitfalls Along the Way

Recent reviews of the research literature suggest that self–esteem may not be the panacea it's made out to be (Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004). First, it should be noted that self–esteem is often highly resistant to change, and that most programs designed to raise self-esteem fail (Swann, 1996). It also appears that self-esteem is largely the *outcome* of doing well, not the *cause* of doing well. For instance, self-esteem appears to be the result rather than the cause of improved academic performance (Baumeister et al., 2003).

The problem does not necessarily rest with self–esteem itself. It is certainly better to feel worthy and proud than worthless and ashamed. More problematic is what people do to get and keep a sense of high self-esteem (Crocker & Park, 2004). For instance, the desire to have high self-esteem is associated with self-enhancement bias (Sedikides & Gregg, 2008), meaning that people see themselves more positively than they actually are. While Taylor and Brown (1988) have argued that positive illusions enhance psychological well–being, it is also the case that such biases can obscure needed areas of improvement (e.g., maybe those drivers who recently caused a car accident should learn to drive more carefully!) Self-esteem is also associated with the *better-than-average* effect, otherwise known as 'The Lake Woebegone Effect' (Maxwell & Lopus, 1994). (Garrison Keillor famously describes the fictional town of Lake Wobegon as a place where 'all the women are strong, all the men are good-looking, and all the children are above average.') Research shows that most people think they are funnier, more logical, more popular, better looking, nicer, more trustworthy, wiser and more intelligent than others (Alicke & Govorun, 2005). The need to feel superior in order to feel okay about oneself means that the pursuit of high self-esteem may involve puffing the self up while putting others down.

Not surprisingly, perhaps, people who are prejudiced often have a positive self-concept. The reason they feel so good about themselves is *precisely* because they believe their own group is superior to others (Crocker, Thompson, McGraw, & Ingerman, 1987; Fein & Spencer, 1997). Those with high self-esteem may sometimes get angry and aggressive towards others – especially if they aren't given the respect they think they deserve (Baumeister, Smart, & Boden, 1996). Moreover, they may dismiss negative feedback as unreliable or biased, or else blame poor performance on others. As a result, they may take less personal responsibility for actions and develop an inaccurate self-concept, hindering potential growth (Sedikides, 1993).

The emphasis placed on self-esteem in our society has also led to a worrying trend: The narcissism scores of college students have climbed steeply since 1987, with 65% percent of modern-day students scoring higher in narcissism than previous generations (Twenge, Konrath, Foster, Campbell, & Bushman, 2008). Not coincidentally, students' average self-esteem level rose by an even greater margin over the same period. Although narcissists have extremely high self-esteem and are quite happy much of the time, they also have inflated, unrealistic conceptions of their own attractiveness, competence, and intelligence, feeling entitled to special treatment (Twenge & Campbell, 2009). Their inflated egos are easily pricked, causing them to retaliate against perceived offenders (Bushman & Baumeister, 1998). Narcissists also tend to drive people away over time due to their egocentric tendencies (Campbell & Buffardi, 2008). While narcissism is an extreme form of self-esteem, it should be remembered that the problems associated with the need to get and keep self-esteem apply to non-narcissists as well (Crocker & Park, 2004).

Not only is the pursuit of self-esteem potentially linked to bloated self-views, it may pose problems when it is contingent on particular outcomes (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). Global self-esteem often rests on evaluations of self-worth in domains such as appearance, academic/work performance, or social approval (Harter, 1999). This means that skills important for life success are sometimes neglected in order to maintain high self-esteem (like the teen male who spends most of his time playing football rather than studying or doing his homework because his self-esteem is more invested in being a good football player). This type of contingent self-esteem can be unstable, fluctuating according to our latest success or failure. Contingent self-esteem drives people to obsess about the implications of negative events for self-worth, making them more vulnerable to depression and reduced self-concept clarity (Kernis, 2005).

Having said all this, self-esteem is not necessarily a bad thing. For instance, people with high self-esteem experience more happiness, optimism, and motivation than those with low self-esteem, as well as less depression, anxiety, and negative mood (Pyszczynski et al., 2004). Also, self-esteem is not always unstable, contingent, narcissistic or ego-defensive. Healthy and non-narcissistic forms of high self-esteem exist as well (Jordan, Spencer, Zanna, Hoshino-Browne & Correll, 2003). What is unclear, however, is *why* certain individuals possess a sense of global self-esteem that is healthy versus egoistic. I would argue that in order to understand this issue, it is of limited use to stay within the theoretical realm of self-esteem itself.

There is another way for us to feel good about ourselves that doesn't require us to judge or evaluate ourselves at all – positively or negatively. Over the past decade, I have been conducting research on the construct of self-compassion (see Neff, 2009 for a review), and have found that while self-compassion offers similar benefits to self-esteem, it appears to have fewer downsides.

What is Self-Compassion?

My definition of self-compassion is derived from Buddhist psychology, but the construct is conceptualized in secular terms within the scientific literature (Neff, 2003a,b). Compassion can be extended towards the self when suffering occurs through no fault of one's own – when the external circumstances of life are simply hard to bear. Self-compassion is equally relevant, however, when suffering stems from our own mistakes, failures or personal inadequacies. According to my definition (Neff, 2003b), self-compassion entails three main components which overlap and mutually interact: Self-kindness versus self-judgment, feelings of common humanity versus isolation, and mindfulness versus over-identification (for other approaches to self-compassion, see Gilbert, 2009).

Self-Kindness refers to the tendency to be caring and understanding with ourselves rather than harshly critical or judgmental. Personal flaws and inadequacies are treated in a gentle, understanding manner, and the emotional tone of language used towards the self is soft and supportive. Rather than relentlessly criticizing ourselves for being inadequate, self-compassionate means accepting the fact that we are imperfect. Similarly, when external life circumstances are difficult, self-compassionate people turn inward to offer themselves soothing and comfort rather than taking a stoic 'just grin and bear it' approach.

The sense of common humanity central to self-compassion involves recognizing that all people fail, make mistakes, and feel inadequate in some way. Self-compassion sees imperfection as part of the shared human condition, so that the self's weaknesses are seen from a broad, inclusive perspective. Similarly, difficult life circumstances are framed in light of the shared human experience, so that one feels connected to rather than disconnected from others when experiencing suffering. Often, however, people feel isolated from others when considering personal flaws or hard times, that it is somehow abnormal to fail, have weaknesses, or undergo hardship. This is not a rational thought process, but an irrational sense of 'why me?' that causes strong feelings of disconnection.

Mindfulness, the third component of self-compassion, involves being aware of present moment experience in a clear and balanced manner so that one neither ignores nor ruminates on disliked aspects of oneself or one's life (Brown & Ryan, 2003). First, it is necessary to recognize that one is suffering in order to be able to extend compassion towards the self. While it might seem that personal suffering is blindingly obvious, many people actually don't pause to acknowledge their own pain because they're too busy judging themselves or problem-solving. Mindfulness involves taking a meta-perspective on one's own experience so that it can be considered with greater objectivity and perspective. Mindfulness also prevents being swept up in and carried away by the story-line of one's own pain, a process that I have termed 'over-identification' (Neff, 2003b). When caught up in this manner, people tend to exaggerate and obsessively fixate on negative self-relevant thoughts and emotions, meaning that they can't see themselves or their predicament clearly.

Research on Self-Compassion

Most of the research on self-compassion has been conducted using the 26-item Self-Compassion Scale (SCS; Neff, 2003a), which assesses six different aspects of self-compassion to create an overall self-compassion score: Self-Kindness (e.g., 'I try to be understanding and patient toward aspects of my personality I don't like'), Self-Judgment (e.g., 'I'm disapproving and judgmental about my own flaws and inadequacies'), Common Humanity (e.g., 'I try to see my failings as part of the human condition'), Isolation

(e.g., 'When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world'), Mindfulness (e.g., 'When something painful happens I try to take a balanced view of the situation'), and Over-Identification (e.g., 'When I'm feeling down I tend to obsess and fixate on everything that's wrong.'). Research shows that these subscales are highly inter-correlated and that a single higher-order factor (which I call self-compassion) explains their inter-correlations (Neff, 2003a).

In addition to the SCS, however, research is starting to examine self-compassion using experimental manipulations (e.g., Leary, Tate, Adams, Allen, & Hancock, 2007) and self-compassion training programs (e.g., Shapiro, Brown, & Biegel, 2007). This growing body of research suggests that self-compassion is strongly associated with psychological health. Higher levels of self-compassion have been associated with greater life satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors (see Neff, 2009, for a review).

In terms of it's association with the 'Big Five' core personality traits, research (Neff, Rude, & Kirkpatrick, 2007b) has found that self-compassion has a significant negative correlation with neuroticism ($r = -0.65$), as well as a significant positive correlations between agreeableness ($r = 0.35$), extroversion ($r = 0.32$) and conscientiousness ($r = 0.42$). Given the strong negative association between self-compassion and neuroticism, it could be argued that self-compassion is merely the inverse of this dysfunctional personality trait. However, the study found that self-compassion was a significant positive predictor of well-being even when controlling for neuroticism.

Research indicates that self-compassion tends to be slightly (but significantly) lower among women than men (Neff, 2003a; Neff, Hseih, & Dejitthirat, 2005; Neff & McGeehee, 2010; Neff, Pisitsungkagarn, & Hseih, 2008). This appears to be explained by the fact that women are often more self-critical and ruminate on negative aspects of themselves more often than men (Leadbeater, Kuperminc, Blatt, & Hertzog, 1999; Nolen-Hoeksema, Larson, & Grayson, 1999). Research on the link between self-compassion and age is mixed. While one study found that self-compassion had a small but significant association with age (Neff & Vonk, 2009), another study found that the self-compassion levels of college students were no higher than those of high-school students (Neff & McGeehee, 2010). Still, this issue needs to be explored further. It may be possible that people become more self-compassionate later in life, especially if they reach the stage of integrity proposed by Erikson (1968), which involves acceptance of the self.

There is one study that explored whether self-compassion levels differ across cultures. Neff et al. (2008) examined levels of self-compassion and its association with psychological well-being in Thailand, Taiwan, and the United States. Mean self-compassion levels were highest in Thailand and lowest in Taiwan, with the United States falling in between. (This suggest that self-compassion is not necessarily higher in interdependent rather than independent cultures). In all three cultures, however, greater self-compassion predicted significantly less depression and greater life satisfaction. These findings imply that there may be universal benefits to self-compassion despite cultural differences in its prevalence, although research is needed into this question.

Before embarking on a direct comparison of self-compassion and self-esteem, it's worth clarifying some common misconceptions about self-compassion. First, self-compassion is not the same as self-pity. Self-pity is a solipsistic process in which individuals exaggerate their own problems and forget that others are experiencing similar problems. The common humanity component of self-compassion, in contrast, means that suffering is

framed in light of the shared human experience. Instead of emphasizing 'poor me,' self-compassion recognizes that life is difficult for everyone. Also, remembering that others are suffering in similar or perhaps even worse ways tends to put one's own experiences into greater perspective. This means that self-compassionate individuals don't exaggerate the extent of personal suffering.

In support of this proposition, research shows that self-compassionate people tend to perspective-take more than those who lack the trait – a finding obtained with both self-report measures (Neff, 2008) and fMRIs showing greater insula activation (a brain region associated with perspective-taking) among individuals who increased their self-compassion with training (Davidson, 2007). Self-compassionate people have also been shown to have emotional equanimity when faced with negative thoughts about themselves or their lives (Leary et al., 2007), meaning they don't tend to distort or over-amplify the degree of pain they're experiencing.

Another common confusion is between self-compassion and self-indulgence. If I'm too nice to myself, the thinking goes, won't I sit around all day watching TV reruns and eating ice-cream? Self-compassion, however, entails wanting health and well-being for yourself *because you care*. If you're a parent who cares about her young son, would you let him do whatever he wanted, whenever he wanted? Of course not. In the same way, self-compassion motivates us to push through difficult challenges, learn from our mistakes and try hard, because we want to be happy and free from suffering.

For example, my research indicates that self-compassion is associated with greater personal initiative to make needed changes in one's life (Neff et al., 2007b). Although self-compassion is negatively related to maladaptive perfectionism (when one's best is never good enough), it has no association with performance standards (Neff, 2003a). In other words, self-compassionate individuals aim just as high but aren't as devastated when they don't reach their goals. Self-compassionate students are also more likely to adopt mastery goals in academic settings than those who lack self-compassion, meaning they are intrinsically motivated by curiosity, the desire to develop skills, and to master new material (Neff et al., 2005). Far from being an excuse for self-indulgence, therefore, self-compassion pushes us forward – and for the right reasons.

Differences between Self-Compassion and Self-Esteem

Like self-esteem, self-compassion is a salient source of positive self-regard. When we're kind to ourselves, clearly seeing ourselves as part of a larger, interconnected whole, we feel valuable, safe, accepted and secure. Importantly, this stance towards the self does not require inflating our self-image or seeing ourselves as better than others. Self-compassion tends to soften rather than reinforce ego-protective boundaries between self and others, bring the same sense of kind, caring concern towards ourselves that we more habitually apply to those closest to us. Another advantage of self-compassion is that it is available precisely when self-esteem fails us – when we fall flat on our face, embarrass ourselves, or otherwise come in direct contact with the imperfection of life.

Gilbert and Irons (2005) have theorized that differences between self-compassion and self-esteem may stem in part from the different physiological systems tapped by each. Drawing on social mentality theory – a model based on principles of evolutionary biology, neurobiology, and attachment theory (Gilbert, 1989) – they propose that self-compassion deactivates the threat system (associated with feelings of insecurity, defensiveness, and the limbic system) and activates the self-soothing system (associated with feelings of secure attachment, safeness, and the oxytocin–opiate system). In contrast, self-esteem is

thought to represent an evaluation of superiority/inferiority that helps to establish social rank stability and is related to alerting, energizing impulses and dopamine activation (Gilbert et al., 2008; Longe et al., 2009; Rockcliff, Gilbert, McEwan, Lightman, & Glover, 2008; Rockliff et al., submitted). While self-compassion is related to well-being because it helps people feel safe and secure, self-esteem is related to well-being in part because it helps people to feel superior and self-confident.

Research has found that self-compassion and self-esteem are inter-correlated, ranging from 0.57–0.59 using the Rosenberg (1965) measure (Leary et al., 2007; Neff, 2003a; Neff et al., 2008). This moderate association makes sense given that self-compassion and self-esteem both represent positive self-attitudes. Also, people who lack self-compassion are likely to have lowered feelings of self-worth because they are so self-critical and hard on themselves. In contrast, those with high levels of self-compassion are likely to have heightened feelings of self-worth because they are kinder and more accepting of themselves. However, self-compassion predicts unique variance in anxiety and depression when controlling for global self-esteem levels (Neff, 2003a). Similarly, self-compassion is still a significant predictor of happiness, optimism, and positive affect when controlling for self-esteem (Neff & Vonk, 2009). There is also research evidence to suggest that self-compassion offers mental health benefits that self-esteem does not.

In one study my colleagues and I conducted (Neff, Kirkpatrick, & Rude, 2007a), for example, we assigned participants a mock job interview task in which they were asked to write their answer to that dreaded but inevitable interview question 'please describe your greatest weakness.' Participants with higher levels of self-compassion experienced less anxiety after the task, but self-esteem did not provide such a buffer. Self-compassionate individuals also used less isolating language when writing about their weakness, using fewer first person singular pronouns such as 'I', using more first person plural pronouns such as 'we,' and making more social references to friends, family, and other humans. Self-esteem did not predict use of these socially connected language categories. As Gilbert and Irons (2005) argue, self-compassion may help activate the self-soothing and attachment system, and therefore help reduce feelings of anxiety and isolation when faced with personal inadequacies. Self-esteem however, which is largely based on successful competition, does not provide emotional resilience when the focus is on personal weaknesses rather than strengths.

Leary et al. (2007) conducted a series of experiments that compared self-compassion and self-esteem. One study required people to imagine being in potentially embarrassing situations – being on a sports team and blowing a big game, for instance, or performing in a play and forgetting one's lines. How would participants feel if something like this happened to them? Self-compassionate people were unlikely to feel humiliated or incompetent, or to take it too personally. Instead, they said they would take things in their stride, thinking thoughts like 'Everybody goofs up now and then.' Having high levels of global self-esteem, however, made little difference. Participants with high and low self-esteem were equally likely to say they would have thoughts like 'I am such a loser.' In another study by the same researchers, participants were asked to make a video–tape that would introduce and describe themselves. They were then told that someone would watch their tape and give them feedback in terms of how warm, friendly, intelligent, likeable, and mature they appeared. Half the participants received positive feedback, the other neutral feedback (the feedback was bogus). Self-compassionate participants were relatively unflustered regardless of whether the feedback was positive or neutral, and were willing to say the feedback was based on their own personality either way. Participants with high self-esteem, however, tended to get upset when they received neutral feedback

(what, I'm just *average*?), and were less likely to attribute the feedback to their own personality in this case. This suggests that self-compassion enables people to admit and accept that there are negative as well as positive aspects of their personality. Self-esteem, on the other hand, appears to only offer emotional resilience when the reviews are good.

Leary et al. (2007) also compared self-compassion and self-esteem using mood inductions. Participants were instructed to recall a previous failure, rejection, or loss that made them feel badly about themselves, and were then asked a series of questions that assessed their feelings about the event. In the self-compassion condition, participants responded in writing to prompts designed to lead them to think about the negative event in ways that tapped into the three components of self-compassion – self-kindness, common humanity, and mindful acceptance. In the self-esteem condition, participants responded to prompts that were designed to protect or bolster their self-esteem – reminding them of their positive characteristics, and leading them to interpret the negative event in a way that did not reflect badly on themselves. Two control conditions were also included. Participants who received the self-compassion induction reported less negative emotions when thinking about the past event than those in the self-esteem or control conditions. Similarly, those in the self-compassion condition took more personal responsibility for the event than those in the control conditions (and also the self-esteem condition, but this may have been due to the way self-esteem was induced.) Results from this study suggest that self-compassion helps people accept negative self-relevant emotions with emotional equanimity, whereas self-esteem does not. It also suggests that self-compassion does not lead to complacency, since it prompts people to take personal responsibility for their actions.

Finally, a study that Roos Vonk and I conducted in the Netherlands included over three thousand people from different walks of life, the largest study so far to directly compare self-esteem and self-compassion (Neff & Vonk, 2009). Participants completed the Self-Compassion Scale and also a measure of overall self-esteem, so we could see which was more strongly associated with well-being and emotional resilience. We conducted regression analyses on the data which allowed us to partial out the shared variance between self-compassion and self-esteem. By doing so, we were able to separate out the positive self-affect due to self-compassion versus that which rests on more egoistic concerns.

One issue that interested us was self-worth stability, so we asked participants to report their feelings of state self-worth (how they were feeling about themselves at that moment) twelve different times over a period of eight months. Self-compassion was a significant predictor of self-worth stability whereas self-esteem was not. Similarly, we found that self-compassion negatively predicted contingent self-worth (a sense of self-worth that depends on successful outcomes) whether it was assessed globally (Paradise & Kernis, 1999) or in specific domains (Crocker et al., 2003). Self-esteem, however, was not a significant predictor of contingent self-worth. Taken together, these results indicate that the sense of self-worth associated with self-compassion is less likely to fluctuate according to external circumstances, perhaps because self-compassion does not depend upon personal success.

Self-compassion was found to provide a stronger buffer than self-esteem on other dimensions as well. In contrast to people with high self-esteem, for instance, self-compassionate people were less likely to compare themselves to others. They were also less likely to get angry at others for perceived offenses. Self-compassion evidenced a stronger negative association with self-focused emotions such as public self-consciousness or self-rumination than self-esteem. In addition, self-compassionate people displayed less need for cognitive closure than people with high self-esteem. 'Need for cognitive closure' refers to

how close-minded people are, how rigid they are in their opinions (Taris, 2000). A high need for cognitive closure is problematic because it can prevent you from gathering the knowledge and information needed to make good decisions. Most tellingly, self-esteem evidenced a significant association with narcissism ($\beta = 0.40$), whereas self-compassion had no association with narcissism ($\beta = 0.00$).

Conclusions and New Directions

In summary, research suggests that self-compassion provides greater emotional resilience and stability than self-esteem. It also involves less intense self-evaluation, ego-defensiveness, and self-enhancement than self-esteem. One might say that with self-compassion, the ego moves from the foreground into the background. Instead of evaluating oneself as a distinct, separate individual, with boundaries that are clearly defined in contrast to others, the self is seen as part of a greater, interconnected whole. Self-compassionate individuals do not have to be successful or feel superior to others in order to experience positive feelings about themselves. In fact, self-compassion is relevant *precisely* when people feel inadequate or fall flat on their face.

Self-compassion may be a more useful way to conceptualize a healthy way of relating to oneself than the more ubiquitous construct of self-esteem, because it provides a stable foundation of positive self-regard. In fact, self-compassion may be a key source of the 'optimal' or 'true' self-esteem extolled by some theorists (Deci & Ryan, 1995; Kernis, 2003; Neff, 2003a). This healthy form of self-esteem is described as a self-determined way of evaluating oneself that is not dependent on particular outcomes, social approval, or feeling superior to others, and is founded on stable and non-contingent self-evaluations. In this case, the positive self-evaluations stemming from healthy self-esteem are likely to complement the benefits of self-compassion.

Still, it is worth noting that self-compassion is not a form of positive evaluation. Rather, the benefits of self-compassion stem from the way one *relates* to oneself, with compassion or contempt. Self-esteem is a measuring stick that we use to sum up our worthiness as 'good' or 'bad.' Instead of accepting the richness and complexity of our experience, the pursuit of self-esteem tries to capture and sum up our lived experience with simplistic evaluations of self-worth. Self-compassion does not try to capture and define the worth or essence of who we are. It is not a label, judgment or evaluation. Instead, self-compassion is way of responding to the mystery of who we are. Whether we're living up to our ideals in the moment, or failing miserably, we can relate to ourselves with kindness and concern. Rather than managing our self-image so that it is always palatable, self-compassion honors the fact that all human beings have both strengths and weaknesses. It acknowledges the reality that we are imperfect human being who experience suffering, and are therefore worthy of compassion.

An exciting new direction for research concerns how self-compassion might be developed and taught. People who lack self-compassion are more likely to have critical mothers, come from dysfunctional families, and display insecure attachment patterns than self-compassionate people do (Neff & McGeehee, 2010). Individuals who have psychological problems related to their family backgrounds, therefore, may be especially likely to benefit from developing greater self-compassion (Baer, 2010).

Gilbert (2009) has created a group-based therapy intervention called 'Compassionate Mind Training' (CMT). CMT is designed to help people develop skills of self-compassion, especially when their more habitual form of self-to-self relating involves self-attack. In a pilot study of CMT involving hospital day patients with intense shame and

self-criticism, significant decreases in depression, self-attacking, shame, and feelings of inferiority were reported after participation in the CMT program (Gilbert & Procter, 2006). Moreover, almost all of the participants felt ready to be discharged from their hospital program at the end of the study.

Therapeutic approaches that rely on mindfulness, like Kabat–Zinn's Mindfulness–Based Stress Reduction (MBSR) program (Kabat–Zinn, 1991), may also be an effective way for people to develop self-compassion. Mindfulness teaches people to notice the difficult thoughts and emotions that arise in present-moment awareness, so that they can be experienced with kindness, acceptance, and non-judgment. MBSR courses are commonly taught by therapists and other health professionals to help people deal with stress, depression, and other forms of mental suffering. Research has demonstrated that MBSR significantly increases self-compassion (Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro et al., 2007).

I am now working with a clinical psychologist who specializes in self-compassion, Chris Germer (2009), to develop a training program called Mindful Self-Compassion (MSC). The program will be similar to Kabat–Zinn's MBSR course, and will hopefully provide a useful compliment to it. In the first day of the program we mainly focus on explaining the concept of self-compassion and how it differs from self-esteem. In the following weeks we focus on how to use self-compassion to deal with difficult emotions, using different meditations, homework assignments, and experiential exercises. The program looks promising so far, and hopefully we'll soon have research data that examines the effectiveness of MSC as a tool for increasing self-compassion.

Short Biography

Dr. Kristin D. Neff received her Ph.D. in Human Development from the University of California at Berkeley in 1997, and she is now an Associate Professor in Human Development at the University of Texas at Austin. Her primary research interests center on self-concept development, specifically the development of self-compassion.

Endnote

* Correspondence address: Department of Educational Psychology, 1 University Station D5800, Austin, Texas 78712, USA. Email:kristin.neff@mail.utexas.edu

References

Alicke, M. D., & Govorun, O. (2005). The better-than-average effect. In M. D. Alicke, D. A. Dunning & J. I. Krueger (Eds.), *The Self in Social Judgment* (pp. 85–106). New York: Psychology Press.

Alicke, M. D., & Sedikides, C. (2009). Self-enhancement and self-protection: What they are and what they do. *European Review of Social Psychology*, **20**, 1–48.

Baer, R. A. (2010). Self-compassion as a mechanism of change in mindfulness- and acceptance-based treatments. In R. A. Baer (Ed.), *Assessing Mindfulness & Acceptance Processes in Clients* (pp. 135–154). Oakland: New Harbinger.

Baumeister, R. F. (1998). The self. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The Handbook of Social Psychology* (4th edn., Vol. **2**, pp. 680–740). New York: McGraw-Hill.

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, **4**, 1–44.

Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review*, **103**, 5–33.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, **84**, 822–848.

Bushman, B.J., & Baumeister, R.F. (1998). Threatened egotism, narcissism, self-esteem, and direct and displaced aggression: Does self-love or self-hate lead to violence? *Journal of Personality and Social Psychology*, **75**, 219–229.

Campbell, W. K., & Buffardi, L. E. (2008). The lure of the noisy ego: Narcissism as a social trap. In H. A. Wayment & J. J. Bauer (Eds.), *Transcending Self-Interest: Psychological Explorations of the Quiet Ego* (pp. 23–32). Washington: American Psychological Association.

Cooley, C. H. (1902). *Human Nature and the Social Order*. New York: Charles Scribner.

Crocker, J., Luhtanen, R. K., Cooper, M. L., & Bouvrette, S. (2003). Contingencies of self-worth in college students: Theory and measurement. *Journal of Personality and Social Psychology*, **85**, 894–908.

Crocker, J., & Park, L. E. (2004). The costly pursuit of self-esteem. *Psychological Bulletin*, **130**, 392–414.

Crocker, J., Thompson, L. L., McGraw, K. M., & Ingerman, C. (1987). Downward comparison, prejudice, and evaluations of others: Effects of self-esteem and threat. *Journal of Personality and Social Psychology*, **52**, 907–916.

Davidson, R. (2007, Oct.). *Changing the Brain by Transforming the Mind. The Impact of Compassion Training on the Neural Systems of Emotion*. Paper presented at the 13th annual Mind and Life Institute Conference, Emory University, Atlanta, GA.

Deci, E. L., & Ryan, R. M. (1995). Human autonomy: The basis for true self-esteem. In M. H. Kernis (Ed.), *Efficacy, Agency, and Self-Esteem* (pp. 31–49). New York: Plenum Press.

Erikson, E. H. (1968). *Identity: Youth and Crisis*. New York: Norton.

Fein, S., & Spencer, S. J. (1997). Prejudice as self-image maintenance: Affirming the self through derogating others. *Journal of Personality and Social Psychology*, **73**, 31–44.

Germer, C. K. (2009). *The Mindful Path to Self-Compassion*. New York: Guilford Press.

Gilbert, P. (1989). *Human Nature and Suffering*. Hove: Lawrence Erlbaum.

Gilbert, P. (2009). *The Compassionate Mind*. London: Constable.

Gilbert, P., & Irons, C. (2005). Therapies for shame and self-attacking, using cognitive, behavioural, emotional imagery and compassionate mind training. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263–325). London: Routledge.

Gilbert, P., McEwan, K., Mitra, R., Franks, L., Richter, A., & Rockliff, H. (2008). Feeling safe and content: A specific affect regulation system? Relationship to depression, anxiety, stress, and self-criticism. *The Journal of Positive Psychology*, **3**, 182–191.

Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, **13**, 353–379.

Harter, S. (1999). *The Construction of the Self: A Developmental Perspective*. New York: Guilford Press.

James, W. (1890). *Principles of Psychology*. Chicago: Encyclopedia Britannica.

Jordan, C. H., Spencer, S. J., Zanna, M. P., Hoshino-Browne, E., & Correll, J. (2003). Secure and defensive high self-esteem. *Journal of Personality and Social Psychology*, **85**, 969–978.

Kabat-Zinn, J. (1991). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. New York: Dell Publishing.

Kernis, M. (2005). Measuring self-esteem in context: The importance of stability of self-esteem in psychological functioning. *Journal of Personality*, **73**, 1–37.

Kernis, M. H. (2003). Optimal self-esteem and authenticity: Separating fantasy from reality. *Psychological Inquiry*, **14**, 83–89.

Leadbeater, B. J., Kuperminc, G. P., Blatt, S. J., & Hertzog, C. (1999). A multivariate model of gender differences in adolescents' internalizing and externalizing problems. *Developmental Psychology*, **35**, 1268–1282.

Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, **92**, 887–904.

Longe, O., Maratos, F. A., Gilbert, P., Evans, G., Volker, F., Rockliff, H. et al. (2009). Having a word with yourself: Neural correlates of self-criticism and self-reassurance. *Neuroimage*, **49**, 1849–1856.

Maxwell, N., & Lopus, J. (1994). The Lake Wobegon effect in student self-reported data. *American Economic Review Papers and Proceedings*, **84**, 201–205.

Mecca, A.M., Smelser, N.J., & Vasconcellos, J. (Eds.). (1989). *The Social Importance of Self-Esteem*. Berkeley: University of California Press.

Neff, K. D. (2003a). Development and validation of a scale to measure self-compassion. *Self and Identity*, **2**, 223–250.

Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, **2**, 85–102.

Neff, K. D. (2008, February). *Self-Compassion and Other-Focused Responding*. Paper presented at the 8th Annual Convention of the Society for Personality and Social Psychology, Albuquerque, New Mexico.

Neff, K. D. (2009). Self-Compassion. In M. R. Leary & R. H. Hoyle (Eds.), *Handbook of Individual Differences in Social Behavior* (pp. 561–573). New York: Guilford Press.

Neff, K. D., Hsieh, Y., & Dejitthirat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, **4**, 263–287.

Neff, K. D., Kirkpatrick, K., & Rude, S. S. (2007a). Self-compassion and its link to adaptive psychological functioning. *Journal of Research in Personality*, **41**, 139–154.

Neff, K. D., & McGeehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, **9**, 225–240.

Neff, K. D., Pisitsungkagarn, K., & Hseih, Y. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, **39**, 267–285.

Neff, K. D., Rude, S. S., & Kirkpatrick, K. (2007b). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, **41**, 908–916.

Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, **77**, 23–50.

Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference in depressive symptoms. *Journal of Personality and Social Psychology*, **77**, 1061–1072.

Paradise, A. W., & Kernis, M. H. (1999). *Development of the Contingent Self-Esteem Scale.* Unpublished data, University of Georgia.

Preston, C. E., & Harris, S. (1965). Psychology of drivers in traffic accidents. *Journal of Applied Psychology*, **49**, 284–288.

Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., & Schimel, J. (2004). Why do people need self-esteem? A theoretical and empirical review. *Psychological Bulletin*, **130**, 435–468.

Rockcliff, H., Gilbert, P., McEwan, K., Lightman, S., & Glover, D. (2008). A pilot exploration of heart rate variability and salivary cortisol responses to compassion-focsed imagery. *Clinical Neuropsychiatry*, **5**, 132–139.

Rockliff, D., Karl, A., McEwan, K., Gilbert, J., Matos, M., & Gilbert, P. (submitted). *Effects of Intranasal Oxytocin on 'Compassion Focused Imagery'.*

Rosenberg, M. (1965). *Society and the Adolescent Self-Image.* Princeton, NJ: Princeton University Press.

Sax, L. J., Hurtado, S., Lindhold, J. A., Astin, A. W., Korn, W. S., & Mahoney, K. M. (2004). *The American Freshman: National Norms for Fall 2004.* Los Angeles: UCLA, Higher Education Research Institute.

Sedikides, C. (1993). Assessment, enhancement, and verification determinants of the self-evaluation process. *Journal of Personality and Social Psychology*, **65**, 317–338.

Sedikides, C., & Gregg, A. P. (2008). Self-enhancement: Food for thought. *Perspectives on Psychological Science*, **3**, 102–116.

Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-Based Stress Reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, **12**, 164–176.

Shapiro, S. L., Brown, K. W., & Biegel, G. M (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, **1**, 105–115.

Swann, W. B. (1996). *Self-Traps: The Elusive Quest for Higher Self-Esteem.* New York: W. H. Freeman.

Taris, T. W. (2000). Dispositional need for cognitive closure and self-enhancing beliefs. *Journal of Social Psychology*, **140**, 35–50.

Taylor, S. E., & Brown, J. D., (1988). Illusion and Well Being: A social psychological perspective on mental health. *Psychological Bulletin*, **103**, 193–210.

Tesser, A. (1999). Toward a self-evaluation maintenance model of social behavior. In R. F. Baumeister (Ed.), *The Self in Social Psychology* (pp. 446–460). New York: Psychology Press.

Twenge, J. (2006). *Generation Me: Why Today's Young Americans are More Confident, Assertive, Entitled–and More Miserable Than Ever Before.* New York: Free Press.

Twenge, J. M., & Campbell, W. K. (2009). *The Narcissism Epidemic: Living in the Age of Entitlement.* New York: Free Press.

Twenge, J. M., Konrath, S., Foster, J. D., Campbell, W. K., & Bushman, B. J. (2008). Egos inflating over time: A cross-temporal meta-analysis of the Narcissistic Personality Inventory. *Journal of Personality*, **76**, 875–902.