

**From:** John Desrochers <desroc@optonline.net>

**Sent:** Friday, September 16, 2011 8:17 AM

**To:** Jim Persinger

**Subject:** Re: COMMUNIQUE Fostering Self-Compassion in Youth

Hi, Jim.

I made the changes you asked for. The paper is all set for publication.

BTW: I wanted to tell you that Mark Roth made specific mention of how easy it was to work with you on this manuscript. Thank you again for sending this us.

John

On 9/15/11 12:00 PM, "Jim Persinger" <[jpersing@emporia.edu](mailto:jpersing@emporia.edu)> wrote:

Sorry, thought I'd caught all this as manuscript was revised and sections were snipped. Thank you for catching these errors: unfortunately have found that the first one reflects a glaring mistake I'd made.

Neff and Ross (Ross is first name!) actual reference is Neff and Vonk:

Neff, K. & Vonk, R. (2008). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, 77(1), 23-50.

I cite "Neff and Ross" a few times in body: could you replace with "Neff and Vonk" please?

The "Seligman et al (2005) reference in the gratitude visit subhead is a reference to:

Seligman, M.E.P., Steen, T.A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60, 410-421.

Bryant and Veroff (2007) full reference is:

Bryant, F.B., & Veroff, J. (2007). *Savoring: A new model of positive experiences*. Mahwah, NJ: Lawrence Erlbaum Associates.

The Brach 2003 reference can stay in with this revision to a sentence at bottom of second paragraph after the "self esteem vs. self compassion" subheader: It should read: " Rather, self-compassion motivates personal growth (Brach, 2003), while minimizing the need for distortions about the self."

Thanks, John.

Jim

>>> John Desrochers <[desroc@optonline.net](mailto:desroc@optonline.net)> 9/14/2011 4:34 PM >>>  
Hi, Jim.

I'm finishing up the Fostering Self-Compassion article and I have four questions about references:

- Neff and Ross (2008) are cited in the text. Please provide the full reference for that publication.
- Under the Gratitude Visit subhead, Seligman et al. (2005) is cited. Which Seligman reference in the reference list does this refer to?
- Under the Savoring Exercise subhead, Bryant and Veroff (2007) is cited. Please provide the full reference.
- Brach (2003) is in the reference list but I could not find it in the text. Should I delete it?

Once we get these minor issues clarified, the paper will be ready for publication.

Thanks.

John

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9/9/11

Dear Dr. Roth and Dr. Desrochers,

Please accept this revised draft *An alternative to self-esteem: Fostering self-compassion in youth* article for consideration of publication in the Communique. It was written to address comments and suggestions offered in Dr. Roth's review of the first draft. The editorial assistance is much appreciated and has helped polish this into something the Communique's audience will find interesting and helpful.

## **An Alternative to Self-Esteem: Fostering Self-Compassion in Youth**

For more than a generation, the idea that children need nurturance of a high self-esteem in order to be developmentally healthy has had wide acceptance in Western psychology (Neff, 2009a; Neff & Pittman, 2010). A generation of parents has been told that one of their key tasks is to increase their children's self-esteem, and teachers have been trained to give accolades, gold stars and the occasional trophy to foster self-esteem in their students (Twenge, 2006). The emphasis on self-esteem is an outgrowth of the perception that global self-esteem is almost synonymous with mental health (Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). Though numerous scholarly articles have been written about self-esteem (cf. Baumeister, 1998), with most (see Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004, for a review) arguing that it relates to adaptive outcomes, the idea that self-esteem brings well being alone has been increasingly questioned, in part, because in some cases, people engage in counterproductive or dysfunctional behaviors to nurture high self-esteem in others and to produce it in themselves.

As Seligman, Reivich, Jaycox and Gillham (2005) argue, self-esteem programs tend to emphasize feeling good about oneself rather than building competence, and therefore the programs may hamper the giving of critical feedback to children out of fear of protecting their self-esteem. As a result, this practice has helped contribute to significant grade inflation (Neff, 2011). Also, as Neff and Lamb (2009) argue, in some individuals high self-esteem can be associated with exaggerated and/or inaccurate self-concepts, making self-improvement difficult. These individuals are more likely to dismiss negative feedback as unreliable or biased, to trivialize failures, or attribute them to external causes (Crocker & Park, 2004), the result being less personal responsibility for harmful actions.

Inflated self-esteem can be counterproductive in some individuals, causing antagonistic behavior toward those who threaten the inaccurate image they hold of themselves as well as the experience of anger towards anyone perceived as threat to their ego (Neff, 2009b). For example, bullies are as likely to have high self-esteem as others, with the bullying behavior causing them to feel good about themselves (Neff, 2009a). It also increases the likelihood that individuals may engage in both relational aggression and in downward social comparisons (Twenge & Campbell, 2003), by derogating others to affirm themselves. (cf. Fein & Spencer, 1997). Finally, individuals whose inflated images of themselves needs constant bolstering and social validation, often have relationship problems (Campbell & Baumeister, 2001). High and inflated self-esteem may have its perils, and to avoid them, self-compassion is proposed as an alternate construct.

## **Self-Esteem vs. Self-Compassion**

Self-compassion is different from self-esteem and contributes to many indicators of well being. Self-compassion involves kindness toward one's difficulties, recognition that such experiences are part of being human, and a mindful awareness and acceptance of one's painful feelings. Neff (2003a, 2003b) is a prolific researcher of self-compassion, and most Western research on self-compassion as a psychological construct has been conducted using the Self-Compassion Scale (SCS) created by her (2003a). The scale has strong psychometric properties, demonstrates concurrent, discriminate, and convergent validity, and has been used in dozens of studies which support self-compassion as a compelling and important construct distinctly different from self-esteem.

Neff and Vonk (2009) and Neff (2011) each offer a review of studies which have used the SCS to contrast self-compassion with self-esteem. They state that one key difference is that self-compassion is not based on self-evaluations, social comparisons, or personal success, and therefore avoids most negative characteristics associated with self-esteem. That is, self-compassion is a way to view oneself that does not involve evaluations of self-worth, promote defensiveness, increase narcissistic tendencies, or is contingent upon outcomes (Neff, 2003b), all of which can lead to undesirable outcomes. Rather, self-compassion motivates personal growth, while minimizing the need for distortions about the self.

The emphasis on fostering a need in children to feel above average and special has led to increased feelings of isolation in students (Twenge, 2006). One contrast of between self-compassion and self-esteem is the concept of belongingness, in which psychological boundaries between students and others are softened. Self-compassion promotes a greater care for and understanding of other people, increased empathy, and therefore, greater warmth toward oneself.

Neff, Kirkpatrick and Rude (2007) report that self-compassion, unlike self-esteem, acts as a buffer against anxiety when there is a threat to one's ego. In a large study of 2187 individuals, Neff and Ross (2008) report that self-compassion predicted more stable feelings of self-worth than self-esteem and was less contingent upon particular external outcomes. The authors reported that unlike self-esteem, self-compassion was not associated with narcissism in this study.

Finally, global self-esteem rests in part on evaluations of self-worth (Neff & Ross, 2008), which makes it somewhat contingent upon particular outcomes, causing it to fluctuate in response to specific external events. It has been suggested (Kernis, 2005) that individuals without stable self-esteem are very attuned to the implications of negative events for self-worth, making them more vulnerable to depression

Therefore, self-compassion appears to be a useful alternative to self-esteem, offering most of its mental health benefits while avoiding its pitfalls as well as the links to non-productive patterns of social comparison, ego defensiveness, narcissism, instability, and contingency upon self-worth that is associated with the pursuit of high self-esteem.

### **Self-Compassion: A Newfangled Trend?**

Though research on self-compassion is fairly recent, the concept is not new. Like the related concept of mindfulness, it originates from Eastern philosophical thought from a 2,500 year old Buddhist tradition, but it is not a concept unique to Buddhism. Related constructs have long been explored in the psychology literature. Unconditional positive regard was discussed by Rogers half a century ago (Rogers, 1961), while unconditional self-acceptance as a construct more powerful than self-esteem was written about by Albert Ellis many years ago as well (cf. Ellis, 2005). For a decade (cf. Neff, 2003b), Western researchers have refined these concepts as originally discussed in psychology into a distinctive, measurable psychological construct of self-compassion.

One example of the refinement of the concept is that in addition to accepting oneself with kindness and non-judgment as discussed by Rogers (1961), self-compassion is viewed more broadly in that it involves emotional composure and recognition of interconnectedness with other human beings. Also, while self-acceptance can be criticized because, theoretically, it may foster passivity towards personal shortcomings, self-compassion involves the desire to alleviate one's suffering and may be considered the impetus for growth and change (Neff, 2009a).

Inherent to self-compassion is the concept of belongingness, which also has been long established in psychology. For example, self-determination theory (Deci & Ryan, 2002) has postulated that relatedness or belonging is an innate, universal need in humans while relatedness has been connected to intrinsic motivation, social development, well-being, and a variety of other important outcomes (Ryan, Deci, Grolnick, & LaGuardia, 2006).

### **Key Characteristics and Corollaries of Self-Compassion**

Gilbert and Procter (2006) sum up the key parameters of self-compassion: "*Kindness* involves understanding one's difficulties and being kind and warm in the face of failure or setbacks rather than harshly judgmental and self-critical. *Common humanity* involves seeing one's experiences as part of the human condition rather than as personal, isolating and shaming; *mindful acceptance* involves mindful awareness and acceptance of painful thoughts and feelings, rather than over-identifying with them" (p. 358). Neff and Pittman, (2010) argue that self-compassion may be an important aspect of maturity, important for understanding and fostering healthy forms of self-relating.

As stated earlier, the research suggests that self-compassion is strongly related to emotional well-being. Neff and Lamb (2009) report that self-compassion has significant positive correlations with emotional intelligence, and negative correlations with self-criticism. Self-compassion has also been associated with less anxiety, depression, rumination, thought suppression, and perfectionism” (p. 3) and is “associated with greater happiness, optimism, positive affect, wisdom, curiosity and exploration, and personal initiative” (p. 4).

Parent and teacher communication has a profound impact on children’s emotional development; within the context of self-compassion it strongly relates to reflection and belongingness, holding negative emotions in mindful awareness, generating kindness towards oneself, and focusing on interconnectedness. In the absence of reflection, past is prologue, with adults passing on to children unhealthy communication and thought patterns (Siegel & Hartzell, 2003). Self-compassion, on the other hand, stresses living in the present moment, aware of one’s own thoughts and feelings. This makes adults more open to thoughts and feelings of children in their care (Siegel & Hartzell, 2003) and, therefore, promotes healthy interaction and thought patterns.

According to Neff and Lamb (2009), self-compassion is also adaptive in academic contexts with self-compassionate students being more adaptive in coping with academic failures. Since self-compassion helps students perceive their failures proportionally, it promotes self-confidence in one’s ability to learn. For instance, it relates to mastery goals rather than performance goals, focusing students on the joy of learning rather than promoting self-worth through achievement.

### **Self-Compassion Interventions**

The benefits of self-compassion and the dangers of unrealistically high self-esteem suggest that self-compassion can be deliberately fostered through empirically validated and scientifically supported interventions, some of which translate well into school activities. Neff and Pittman (2010) examined self-compassion among adolescents, reporting that it was strongly associated with well-being, and suggesting that self-compassion may be an effective intervention target for teens suffering from negative self-views and other difficulties. Compassion mind training (Gilbert & Procter, 2006) is designed for individuals who experience chronic shame and self-criticism. The pilot study reports that individuals experienced significant reductions in depression, anxiety, self-criticism, shame, inferiority and submissive behaviors. Many of the following strategies designed to increase self-compassion would be suitable as preventive Tier I activities with a group, as well as targeted individual interventions.

- ***Blessings exercise:*** At the end of the school day children are given a moment to reflect, and list three things that went well and the reasons that they went well.

Alternatively, a gratitude journal kept at home can be used. The purpose is to prevent people from taking things for granted and to increase the importance of good acts (Emmons, 2008; Emmons & Crumpler, 2000; Reivich, 2009). This technique has been reported to increase well-being, optimism, and life satisfaction in early adolescence (Froh & Bono, 2008).

- **Gratitude visit:** Children write a one page letter to somebody who did something for them for which they are grateful, but who they never properly thanked. The children then meet the individual and read the letter (Seligman, 2002). This exercise has been shown to have a significant positive effect on happiness and a reduction of symptoms of depression (e.g., Seligman et al, 2005).
- **Savoring exercise:** At the end of the school day, children reflect on two experiences they found pleasurable. The objective is to make the pleasure last as long as possible, extending the positive emotions of an experience by focusing on that moment of pleasure (Bryant & Veroff, 2007).
- **Feet and seat:** Instruct children to sit in a chair with both feet flat on the floor. Walk them through a focus on one foot, then both, then guiding of awareness to the sensations involved in sitting in their chairs, and finally, incorporate a focus on deep breathing. (Kryder, 2008). It's The intent is to help increase mindfulness. As children practice attention to the here and now, this technique can help help them feel calm and reflective during intensely emotional situations. It is difficult to be worried, upset, or angry while simultaneously focusing on one's feet! A useful script for the feet and seat and related exercises for children is available from Lieberman (2010) on the NASP website.
- **Hugging practice:** Teach students that their skin responds to physical signs of warmth even if it comes from themselves in the form of a hug when feeling bad. While practicing it in class to reaffirm the concept they will likely feel silly, which should be acknowledged. The students should be reassured, however, that their bodies don't know that they are providing the comfort. It is generally agreed that humans possess a human warmth system (Gilbert & Procter, 2006) that responds to physical signals of warmth by activating neurohormones such as oxytocin and opiates. In contrast, students may be taught that aggressive signals within their bodies (e.g., clenching their jaw, making a fist, scowling) can activate stress-cortisol and physically can make them feel bad (Depue & Morrone-Strupinsky, 2005).

- **Develop compassionate guardian images:** Invite older children to imagine a physical representation of their ideal of caring and compassion (Gilbert & Irons, 2004; 2005). That is, what does it “look like?” Ask the children to recall their own compassionate feelings flowing outwards to others. Children might be asked to imagine compassion and warmth for themselves or somebody they care about, and then try to draw a picture of it. “Ideal” is to be self-defined, but should have the qualities of acceptance, wisdom and strength. Depending upon culture and developmental age, religious imagery (e.g., Christ) may be the form children choose, but there is a therapeutic appeal to guiding students toward superhero imagery (Rubin, 2007). The key is that the children should be guided imagining their personal perception of the perfect nurturer to whom they feel they can relate. They should be instructed that when they find themselves being self-critical or feeling bad, they should focus on their image and ask, “what would they say to me?”
- **Write compassionate letters:** Children can be asked to bring to mind their compassionate image and write the letter that this nurturer might write to them. , For example; “Dear Emma, I was sad when I saw that your feelings were hurt. I want you to know that...” The purpose is to guide the children in having empathy for their distress, compassionately offer attention to it, and offer warmth to themselves. It is important to guide those children who write a cold or dismissive letter, or one which begins to dictate what they should or should not do by encouraging a warmer style of thinking and feeling (Gilbert & Procter, 2006).

As an alternative to self-esteem, self-compassion appears to derive most of its benefits without its potential drawbacks. It fosters warmth toward oneself, a sense of connection to others, improved reflection, better communication with others, and healthier thought patterns. Methods of promoting self-compassion are readily adaptable to school settings, and can be tailored to children of different ages. As part of their efforts to support positive learning environments, school psychologists should find promotion of self-compassion well fits into the social/behavioral service structures already in place in their schools.

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