Self-compassion
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CHAPTER 1

General Introduction
Suffering is an inevitable part of life. We are born having just few certainties; bitterly, one of them is that we will soon or later experience emotional pain. The way people deal with this pain will partly determine how much they will suffer during their life span. When confronted with a painful or difficult situation, it is not uncommon to respond harsh towards ourselves: ‘I should have known better’, ‘I am so weak’, ‘stupid of me’. These critical responses reinforce negative feelings, many times making us believe that we are not good enough, that we are a failure.

There is an alternative way of responding in those instances of pain and difficulties. It is called self-compassion, a challenging concept but surely worth the try. Compati is the Latin word for compassion and it means ‘to suffer with’. Accordingly, self-compassion encompasses to kindly accompany oneself when suffering. Imagine your close friend just finished a long-term relationship with an important partner. How would you act towards your friend? What would you say or do? Now suppose that you just finished a long-term relationship with whom you thought was the love of your life. How would you act towards yourself? What would you think or do? That desire of wanting to comfort and help your friend to come through is called compassion. If you are likewise kind towards yourself when it is you who is suffering, you are experiencing self-compassion.

In the last decade, the western world has moved its attention towards self-compassion and there is now compelling evidence supporting its benefits for psychological functioning. Surprisingly, little attention has been giving to its assessment. In addition, research examining how self-compassion associates to very closely constructs, such as mindfulness and compassion for others, is limited. Furthermore, a large majority of research on self-compassion has being conducted using cross-sectional methodologies, so not much is known about the benefits of self-compassion for future psychological wellbeing and which variables interact with self-compassion to predict future wellbeing. In an effort to fill in these gaps, this study will explore the measurement of self-compassion, as well as its association to mindfulness and compassion for others, and under which circumstances self-compassion is more or less beneficial for (future) psychological wellbeing.

Self-compassion

The most commonly used conceptualization of self-compassion in research literature is a three-component model proposed by Kristin Neff (2003a) based on social psychology and Buddhist tradition. In this model self-compassion is understood as an attitude that is relevant to every personal experience of suffering, such as painful situations, perceived flaws, failures or inadequacies, and that contains three
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interacting components: (1) self-kindness versus self-judgment, (2) a sense of common humanity versus isolation, and (3) mindfulness versus over-identification. Self-kindness denotes treating oneself with tenderness, warmness and understanding in the face of suffering rather than with harshness and self-judgment. Therefore, this involves using a soft and supportive tone of language towards the self, accepting the failures and inadequacies rather than responding to them with criticism, and being soothing and comforting to the self in difficult situations. A sense of common humanity refers to seeing one’s failures and painful experiences as part of the large human condition. That is, realizing that all the people suffer rather than feeling isolated. A sense of connectedness with others can then be developed from the recognition of suffering as a shared human condition. The mindfulness component involves maintaining a balance awareness of the painful experiences instead of ignoring or over-identifying with painful thoughts and emotions.

A different conceptualization was proposed by Paul Gilbert (2010) from an evolutionary approach, where self-compassion is understood as involving a range of thoughts, feelings and behaviours that aim to protect, reassure, soothe and take care of oneself. This model is based on the theoretical assumption that there are three types of systems that regulate our emotions: (1) the threat and protection system is in charge of responding to threats with the generation of emotions like anxiety, anger, or disgust, which induce behavioral reactions of defense, escape or submission, (2) the drive and excitement system provides positive emotions that guide individuals to pursue their desires and goals (e.g., food, sex, status, material possessions), and the (3) contentment-soothing system provides positive emotions of wellbeing, calmness, and peacefulness, that are experienced when individuals are not threatened or pursuing their desires/goals. Self-compassion is conceptualized as being related to the contentment-soothing system, which is developed early in life through attachment relationships (e.g., parent-child relationship). The caring behavior of the attachment figures helps individuals to create experiences and emotional memories of safeness and affiliation that become available later in life in times of stress (Gilbert & Procter, 2006). So far, research has mainly focus on the conceptualization of self-compassion proposed by Neff, with less studies exploring it based on Gilbert’s definition.

Assessment of self-compassion

Based on the three-component model of self-compassion, Neff (2003b) developed a self-report questionnaire to measure levels of self-compassion, the Self-Compassion Scale (SCS). This questionnaire asks individuals to rate in a scale from 1 (almost
never) to 5 (almost always) each of its 26 items that measure self-kindness, a sense of common humanity, and mindfulness, as well as its opposite, self-judgment, isolation, and over-identification. Therefore, this scale contains items framed in a positive way (e.g., ‘I am kind towards myself’) and items framed in a negative way (e.g., ‘I am judgmental towards myself’). Usually, the scores of each of these positive and negative items are summed up to obtain a total score that indicates levels of self-compassion. The SCS is the most widely used questionnaire to measure self-compassion in research. Thus, the vast majority of empirical evidence regarding the relationship between self-compassion and psychological functioning rely on this scale.

Unfortunately, the SCS presents a series of important pitfalls. First, because of its negative items it does not only measures self-compassion but also measures self-criticism. However, self-compassion and self-criticism are not the same. In fact, they involve different affective processes and thus, should not be measured together as one. Second, the SCS contains items that measure mindfulness. Self-compassion and mindfulness are closely related but they are not the same, and again, should not be measure together. The problem of including items of self-criticism and mindfulness in a questionnaire that aims to measure self-compassion, is that when exploring the association of self-compassion with other psychological processes (e.g., depression) it is not possible to know if the resulting association is due to levels of self-compassion or alternatively, to levels of self-criticism or mindfulness. The need of new assessment tools to measure levels of self-compassion is evident. For the development of these tools it would be crucial to ensure that self-compassion is measured distinctly from self-criticism and mindfulness.

Self-compassion and psychological wellbeing

Many studies have explored the relationship of self-compassion with psychological wellbeing. Results from these studies suggest an important link, with self-compassion being related to less anxiety and depression (MacBeth & Gumley, 2012), greater happiness, optimism and positive affect (Neff, Rude, & Kirkpatrick, 2007), greater feelings of social connectedness and life satisfaction (Neff et al., 2007; Neff, 2003b), among other benefits. Furthermore, the benefits of self-compassion are being studied in a variety of populations, including community adults and adolescents, as well as individuals suffering from health or mental problems, as for example patients with cancer or alcohol abuse (Brooks, Kay-Lambkin, Bowman & Childs, 2012; Przedziecki et al., 2013).
The current study and overview of the chapters

This thesis aims to expand the understanding of self-compassion by addressing topics that have been overlooked in past research. We will focus on the assessment of self-compassion, its association with other closely related psychological processes (i.e., mindfulness and compassion for others), and under which circumstances self-compassion is more or less beneficial for psychological wellbeing.

In Chapter 2 we will examine the validity and reliability of the most widely used self-report questionnaire to assess self-compassion, the Self-Compassion Scale (SCS; Neff, 2003b). Almost all research on self-compassion has relied on this questionnaire, and thus testing its psychometrics properties is urgently needed.

To gain a better understanding of the association between self-compassion and mindfulness, in Chapter 3 we will explore their unique and combined effects in the prediction of positive and negative indicators of psychological wellbeing (i.e., depressive symptoms, negative affect, and positive affect). In Chapter 4 we will investigate how much self-compassion and compassion for others resemble each other by examining their levels and whether these vary among different demographic groups. Also we will explore how they relate to psychological wellbeing (i.e., depressive symptoms, negative affect, and positive affect).

In order to understand under which circumstances self-compassion may be more beneficial for individuals’ wellbeing, we explore whether it interacts with other processes to further predict wellbeing. Therefore, in Chapter 5 we will test whether self-compassion predicts future depressive symptoms and if the experience of stress moderates this relationship. Additionally, in Chapter 6 we will explore whether self-compassion and self-coldness interact with each other to predict depressive symptoms. Finally, and as an answer to the need for more tools to assess self-compassion, in Chapter 7 we will develop and pilot test a new self-report questionnaire that seeks to overcome limitations of the SCS.

In the general discussion (Chapter 8), we will present the main findings of this thesis and its theoretical and clinical implications. Further, an overview of the main strengths and limitations will be given, as well as directions for the advancement of future research. As an end note of this work, a brief concluding remark will be depicted.
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CHAPTER 2
A reconsideration of the Self-Compassion Scale's total score: self-compassion versus self-criticism

Angélica López, Robbert Sanderman, Ans Smink, Ying Zhang, Eric van Sonderen, Adelita Ranchor, Maya J. Schroevers

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