Self-Compassion in Clinical Practice

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Self-compassion is conceptualized as containing 3 core components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification, when relating to painful experiences. Research evidence demonstrates that self-compassion is related to psychological flourishing and reduced psychopathology. Mindful Self-Compassion (MSC) is an 8-week training program, meeting 2.5 hours each week, designed to help participants cultivate self-compassion. MSC contains a variety of meditations (e.g., loving-kindness, affectionate breathing) as well as informal practices for use in daily life (e.g., soothing touch, self-compassionate letter writing). A detailed clinical case illustrates the journey of a client through the 8 weeks of MSC training, describing the key features of each session and the client's response. J. Clin. Psychol: In Session 69:856–867, 2013.

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Most therapists assume that compassion is an important part of psychotherapy. Compassion is an intimate awareness of the suffering, by oneself and others, with the wish to alleviate it. Can you imagine anyone benefiting from therapy with an *un*compassionate therapist—a therapist who can't connect with the client's suffering or who harbors ill will toward a client?

Unfortunately, the comfort a client derives in therapy may not last beyond the consultation office. For example, a client might begin to speak about traumatic memories in the safety of the therapy office and, when home again, not have the emotional resources to contain the feelings that were evoked. What is the client to do in the middle of the night when her sleep medication isn't working, relaxation exercises do not provide any comfort, and therapy is a week away? Is there some way that clients can bring the same qualities of kindness, connection, and comfort to themselves *between* sessions that they experience during therapy? Self-compassion training holds that promise for many of our clients, and it is a skill that can be learned.

What is Self-Compassion?

Self-compassion is simply compassion directed inward. Drawing on the writings of various Buddhist teachers (e.g., Salzberg, 1997), Neff (2003b) 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 our control.

Self-kindness entails being warm and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than flagellating ourselves with self-criticism. Sadly, however, many people tend to use harsh, critical language with themselves–"You're so stupid and lazy, I'm ashamed of you!" We would be unlikely to say such things to a close friend, or even a stranger for that matter. When asked directly, most people report that they are kinder to others than themselves (Neff, 2003a), and it is not unusual to encounter extremely kind and compassionate people who continually beat themselves up.

And even when our problems stem from forces beyond our control, such as losing our job or getting in a car accident, we often don't give ourselves the sympathy we would give to a

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friend in the same situation. With self-kindness, however, we soothe and nurture ourselves when confronting our pain rather than getting angry when life falls short of our ideals. The inner conversation is gentle and encouraging rather than harsh and belittling. We clearly acknowledge our problems and shortcomings, but do so without judgment, so we can do what's necessary to help ourselves.

Common humanity involves recognizing that the human condition is imperfect, and that we are not alone in our suffering. We can't always get what we want. We can't always *be* who we want to be, either. This is part of the human experience, a basic fact of life shared with everyone else on the planet. We are not alone in our imperfection. Rather, our imperfections are what make us card-carrying members of the human race. Often, however, we feel isolated and cut off from others when considering our struggles and failures, irrationally feeling that it's only "ME" who is having such a hard time of it. We think that somehow we are abnormal, that something has gone wrong. This sort of tunnel vision makes us feel alone and isolated, making our suffering even worse. We forget that failure and imperfection actually *are* normal.

With self-compassion, however, we take the stance of a compassionate "other" toward ourselves, allowing us to adopt a broader perspective on our selves and our lives. By remembering the shared human experience, we feel less isolated when we are in pain. For this reason, self-compassion is quite distinct from self-pity. Self-pity is a "woe is me" attitude in which people become immersed in their own problems and forget that others have similar problems. Self-compassion recognizes that we all suffer, and therefore fosters a connected mindset that is inclusive of others.

Mindfulness involves turning toward our painful thoughts and emotions and seeing them as they are–without suppression or avoidance (Neff, 2003b). You can't ignore or deny your pain and feel compassion for it at the same time. Of course, suffering might seem blindingly obvious. But how many of us, when we look in a mirror and don't like what see, remember that this a moment of suffering worthy of a compassionate response? Similarly, when life goes awry, we often go into problem-solving mode immediately without even *knowing* we're in pain or recognizing the need to comfort ourselves for the difficulties we're facing. Being mindful of our suffering is therefore necessary for self-compassion.

Mindfulness also requires that we not be overly identified 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 on our negative feelings narrows our focus (Frederickson, 2003) and creates an overly negative self-concept (Nolen-Hoeksema, 1991). The mental space provided by taking a mindful approach to our difficult feelings, however, allows for greater clarity, perspective, and equanimity (Baer, 2003).

Research on Self-Compassion

Self-compassion has received increased research attention lately, with over 200 journal articles and dissertations examining the topic since 2003, the year that the first two articles defining and measuring self-compassion were published (Neff, 2003a; Neff, 2003b). One of the most consistent findings in the research literature is that greater self-compassion is linked to less psychopathology (Barnard & Curry, 2011). In fact, a recent meta-analysis (MacBeth & Gumley, 2012) found a large effect size when examining the link between self-compassion and depression, anxiety, and stress across 20 studies.

Self-compassion appears to facilitate resilience by moderating people's reactions to negative events. In a series of studies, for instance, Leary Tate, Adams, Allen, and Hancock (2007) asked undergraduates to recall unpleasant events, imagine hypothetical situations about failure, loss, and humiliation, or perform an embarrassing task. Results indicated that individuals who were higher in self-compassion demonstrated less extreme reactions, less negative emotions, more accepting thoughts, and a greater tendency to put their problems into perspective while at the same time acknowledging their own responsibility. Another study examined the role self-compassion plays in adjustment to marital separation (Sbarra, Smith, & Mehl, 2012). Researchers found that those who were self-compassionate when thinking about their breakup

not only evidenced better psychological adjustment at the time, but this effect persisted over nine months.

While self-compassion helps people deal with life struggles, it's important to remember that self-compassion does not push negative emotions away in an aversive manner. With self-compassion, instead of replacing negative feelings with positive ones, positive emotions are generated by *embracing* the negative ones. In fact, self-compassion is associated with numerous psychological strengths such as happiness, optimism, wisdom, curiosity and exploration, personal initiative, and emotional intelligence (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007).

Although many people fear that being self-compassionate will undermine their motivation (Gilbert, McEwan, Matos & Rivis, 2011), research suggests that self-compassion actually *enhances* motivation. For instance, self-compassion has no association with the level of performance standards adopted for the self, but it is negatively related to maladaptive perfectionism (Neff, 2003a). Self-compassionate people are less afraid of failure (Neff, Hseih, & Dejitterat, 2005), and more likely to try again when they do fail (Neely et al., 2009). Breines and Chen (2012) found that having self-compassion for personal weaknesses, failures, and past moral transgressions resulted in more motivation to change for the better, try harder to learn, and avoid repeating past mistakes. Similarly, self-compassion appears to motivate health-related behaviors such as sticking to a diet (Adams & Leary, 2007), quitting smoking (Kelly, Zuroff, Foa, & Gilbert, 2009), or starting a fitness regimen (Magnus, Kowalski, & McHugh, 2010).

Self-compassion not only helps oneself but also improves interpersonal functioning. Self-compassionate individuals are described by their romantic partners as being more emotionally connected, accepting, and autonomy-supporting while being less detached, controlling, and aggressive than those lacking self-compassion (Neff & Beretvas, 2012). Research finds that self-compassionate students tend to provide social support and encourage interpersonal trust with their roommates (Crocker & Canevello, 2008) and are more likely to compromise in conflict situations, feel more authentic, and report a greater sense of well-being in various relationships (Yarnell & Neff, 2013). Self-compassion is also linked to more empathic concern, altruism, perspective-taking, and forgiveness of others (Neff & Pommier, 2012).

Sources of Self-Compassion

Gilbert and Proctor (2006) suggest that self-compassion provides emotional resilience because it deactivates the threat system (associated with feelings of insecure attachment, defensiveness, and autonomic arousal) and activates the caregiving system (associated with feelings of secure attachment, safety, and the oxytocin-opiate system). In support of this proposition, Rockcliff, Gilbert, McEwan, Lightman, and Glover (2008) found that giving individuals a brief self-compassion exercise lowered their levels of the stress hormone cortisol. It also increased heart-rate variability, which is associated with a greater ability to self-soothe when stressed (Porges, 2007).

Other findings support the idea that self-compassion is linked to the attachment system. For instance, 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; Wei, Liao, Ku, & Shaffer, 2011). Childhood emotional abuse is also associated with lower self-compassion (Tanaka et al., 2011). Self-compassion appears to mediate the relationship between childhood maltreatment and later emotional dysregulation–meaning that abused individuals with higher levels of self-compassion are better able to cope with upsetting events (Vettese, Dyer, Li, & Wekerle, 2011). This relationship holds even after accounting for history of maltreatment, current distress level, or substance abuse, suggesting that self-compassion is an important resiliency factor for those seeking treatment for past trauma.

Self-Compassion in the Therapeutic Context

Self-compassion seems to be a mechanism of action in different forms of therapy (Baer, 2010). For example, after short-term psychodynamic treatment, decreases in anxiety, shame, and guilt

and increases in the willingness to experience sadness, anger, and closeness were associated with higher levels of self-compassion (Schanche, 2011). In the same study, increases in self-compassion predicted fewer psychiatric symptoms and interpersonal problems.

Moreover, 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). For instance, 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 with a waitlist control group. They also found that increases in self-compassion mediated the reductions in stress associated with the program. Similarly, Kuyken et al. (2010) compared the effect of MBCT with maintenance antidepressants on relapse in depressive symptoms. They found that increases in mindfulness and self-compassion after MBCT participation mediated the link between MBCT and depressive symptoms at 15-month follow-up. They 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 may be an important key to changing habitual thought patterns so that depressive episodes are not re-triggered.

Mindful Self-Compassion (MSC) Training

We recently developed a program to teach self-compassion skills to the general population, called Mindful Self-Compassion (MSC; Neff & Germer, 2013). In this program (described in detail below), participants meet for 2.5 hours once a week for 8 weeks, and also attend a half-day silent meditation retreat. The MSC program teaches a variety of meditations (e.g., loving-kindness, affectionate breathing) and informal practices for use in daily life (e.g., soothing touch, self-compassionate letter writing). Self-compassion is evoked during the classes using experiential exercises, and home practices are taught to help participants develop the habit of self-compassion. Participants are encouraged to practice these techniques for a total of 40 minutes per day, either in formal sitting meditation or informally throughout the day.

A typical MSC group typically consists of 10–25 participants and, depending on the size of the group, one or two teachers. Since group participants are likely to encounter uncomfortable emotions, it is recommended that at least one teacher be a trained mental health professional. MSC co-leaders teach by modeling—by *embodying* compassion and self-compassion. Teachers also encourage participants to support one another on the path to self-compassion by sharing their own experiences in a safe, confidential, respectful atmosphere. The purpose of the course is to develop the inner resource of self-compassion that enables individuals to safely engage difficulties as they arise in their lives.

Neff and Germer (2013) recently conducted a randomized controlled study of the MSC program that compared outcomes for a treatment group ($N = 24$; 78% female; mean [M] age = 51.21) to a waitlist control group ($N = 27$; 82% female; M age = 49.11). Compared with controls, MSC participants demonstrated a significant increase in self-compassion, mindfulness, compassion for others, and life satisfaction and a decrease in depression, anxiety, stress, and emotional avoidance. All gains in outcomes were maintained at 6 months and 1-year follow-up. In fact, life satisfaction actually increased significantly at the 1-year follow-up, demonstrating that continued self-compassion practice enhances one's quality of life over time.

Although no studies have yet directly compared MSC with MBSR or MBCT, studies examining the outcomes of each program independently suggest that explicitly teaching self-compassion does make a difference. Neff and Germer (2013) found that the MSC program raised participants' self-compassion levels by 43%. In comparison, a review of the literature found that five MBSR studies yielded an average increase of 19% on the Self-Compassion Scale (Neff, 2003a; Birnie et al., 2010; Robins, Keng, Ekblad, & Brantley, 2012; Shapiro et al., 2005; Shapiro et al., 2007; Shapiro, Brown, Thoresen, & Plante, 2011), while three MBCT studies yielded an average increase of 9% (Kuyken et al., 2010; Lee & Bang, 2010; Rimes & Wingrove, 2011). Thus, self-compassion training does not appear to be redundant with mindfulness training but rather provides specialized tools for practicing self-compassion in daily life.

Clinicians can explore the principles and practices of the MSC program and adapt them to their own clinical context. A MSC training manual will be published in 2014. Additional resources are books by Neff (2011) and Germer (2009), and the following websites that include downloadable meditations: www.CenterForMSC.org, www.Self-Compassion.org; www.MindfulSelfCompassion.org.

Case Illustration

The following case illustrates the experience of a client who took the MSC course as an adjunct to psychotherapy. The reader will be taken through the entire MSC program, describing the key features of each session and the client's response.

Presenting Problem

Brian is a 52-year-old divorced man with no children who was referred to the MSC program by his therapist, who had seen him intermittently in psychotherapy for over 9 years. Brian suffered from depression and anxiety most of his adult life, with symptoms including feelings of worthlessness ("I'm fundamentally flawed"), hopelessness ("All my work doesn't amount to a hill of beans"), fatigue (previously diagnosed with chronic fatigue syndrome), insomnia (early morning awakening), dread, restlessness, muscle tension, difficulty concentrating, and low libido. His symptoms worsened over the year prior to starting the MSC program because his landscape design business shrank with the economy and his marriage of 21 years ended. Antidepressant and antianxiety medication, which Brian had taken most of his adult life, provided Brian with some relief, but he was still socially isolated with recurring suicidal ideation.

Brian's therapist referred him to MSC with the understanding that self-criticism and feelings of shame and low self-worth were interfering with his progress in treatment. Brian typically left his therapy sessions feeling somewhat better, with a cautious smile on his face, only to fall into despair by the following morning. Brian knew that he filtered his life experiences through catastrophic, black-or-white thinking, but he felt helpless to change the feeling tone of his life despite his therapist's best efforts. At his core, Brian felt "I was born under a bad sign" and he didn't deserve to feel better.

Brian reported to his therapist that he had been the "black sheep" in his family. He suffered from undiagnosed dyslexia and had to repeat the 2nd grade, which was a source of embarrassment to his ambitious, narcissistically injured, father. Brian was "dragged around to shrinks" since an early age, felt "like a piece of furniture," and reported that his depressed mother never said she loved him until she died. His father was a binge drinker, flew into rages, and boasted about his extramarital affairs. After a fight with his father when he was 16 years old, Brian was thrown out of the house. Two years later he tried to commit suicide, feeling desperately lonely and unable to study effectively at the local community college. Despite this background of trauma and neglect, Brian was a gifted artist. He managed to become a skilled landscape designer, received a few patents for innovative camping tent designs, and married a fellow artist "because she was willing to have me."

Case Formulation

Brian described his mind as a "runaway freight train" that started down the tracks at breakneck speed from the moment he woke up. His primary strategies for alleviating stress were distraction in his work (which became less available since the economic downturn) and vigorous exercise (which became more difficult when he was depressed), both of which left him mentally and physically exhausted. He said he lived an "animal existence" since childhood, struggling emotionally and physically for survival and hypervigilant to threats. He ruminated excessively about the past (regret) and the future (worry), unable to access positive thoughts and emotions. His therapist believed mindfulness training might help Brian become less reactive to his negative thoughts and emotions. She hoped that mindfulness skills could help Brian tolerate distress in his life

without amplifying it by fighting with his experience: "What we resist, persists" and "What we can't feel, we can't heal" (Neff, 2011).

More importantly, Brian felt he did not *deserve* to feel better. Our capacity for self-compassion—the ability to be kind and understanding toward ourselves when we suffer, fail, or feel inadequate—appears to be related to childhood experience (Neff & McGeehee, 2010). Shame ("I'm unlovable because something is wrong with me") and self-criticism (often from internalized messages of primary caregivers) can be carried into adulthood, resulting in depression, anxiety, and social withdrawal, which typically provide additional evidence for one's negative self-image. Brian was convinced, "I should never have been born." Self-compassion specifically targets feelings of unworthiness, shame, and self-criticism (Gilbert & Proctor, 2006), and Brian's therapist hoped that self-compassion training could ease the habits of self-criticism and shame that Brian had been exercising all his life.

Clients who were neglected or abused in childhood are likely to experience discomfort when they start to feel good in therapy, or even when they *think* about feeling better. Anxiety may arise from the looming possibility of breaking an invisible bond with a primary caregiver who thought the child should suffer for his or her misdeeds or bad nature. This bond is a necessary compromise made by an abused child to survive, so the client becomes frightened, viscerally and unconsciously, when spontaneous moments of happiness arise. Other clients don't want to risk relaxing their guard long enough to experience ease and well-being, or they just think, "Why bother?" because they have so few memories of feeling good. For these reasons, sincere efforts by therapists to help abused or neglected clients may be in vain. These clients first need to contact the pain of self-denial and self-hatred, see how it originated through no fault of their own ("you're not to blame!"), and then *gradually* bring the same tenderness to themselves that they should have received as children, and are themselves likely to offer a struggling child or pet.

Self-compassion says, "Be kind to yourself in the midst of suffering and it will change." Mindfulness says, "Open to suffering with spacious awareness and it will change." Together, mindfulness and self-compassion can help clients disengage from emotional pain and soothe and comfort themselves in *response* to it. As you will see in Brian's case, mindful self-compassion training has the potential to transform our core sense of self and relationship to the world.

Course of Treatment

Brian was interviewed by the first author one year after Brian completed the MSC program. He had continued to practice a variety of mindfulness and self-compassion exercises on a daily basis which he had learned in the program. Brian described in the interview how the principles and practices of each of the sessions in the 8-week program resonated with him (or not!) at the time, as well as changes that occurred over the following year. Brian's experience is not necessarily representative of how another person might engage in the same course because each participant of the MSC program is encouraged to "make the program your own" and "be your own best teacher." What is particularly unusual about Brian's experience is that he attended every session, but he rarely practiced formal sitting meditation at home during the program itself. In his own words, "Seeds were being planted, and when I was deprived of the class I had to resort to my own initiative and I have conscientiously practiced ever since. The seeds mainly took root and sprouted after the course was over."

Session 1: Discovering mindful self-compassion. Participants are introduced to the program, and to one another, in the first session. The MSC program is primarily experiential in nature. In a contemplative exercise, group members first notice the difference between how they treat a loved one and how they treat themselves when things go wrong in their lives. Then the three components of self-compassion are taught using the Self-Compassion Break. This is a short exercise in which a person repeats the following (or similar) phrases whenever emotional distress arises in daily life: "This is a moment of suffering" (mindfulness), "Suffering is a part of life" (common humanity), and "May I be kind to myself" (self-kindness). Together, the phrases help an individual to disengage from rumination, feel less isolated, and begin to comfort him or

herself. Participants are also taught to soothe themselves by finding a comfortable place on the body where they can feel the warmth and gentle pressure of their hands.

Self-compassion can only be learned in an atmosphere of safety, so participants are encouraged to ask themselves "What do I need?" throughout the program. Simply asking the question is itself an exercise in self-compassion—the cultivation of good will toward oneself.

Brian was skeptical about the MSC program from the outset and, after the first meeting, he wasn't sure he would return. Brian said his social anxiety made it hard for him to even show up. Furthermore, he had no interest in practicing meditation. He joined the group after reading *The Mindful Path to Self-Compassion* (Germer, 2009). His dyslexia made it difficult to learn from a book, so he hoped he could develop self-compassion by actually practicing it in the workshop. Brian was also intrigued by the possibility of giving himself the love he never received as a child.

Brian had an epiphany in the first session: "Everybody suffers!" Throughout his life, Brian had felt uniquely isolated and unloved. He was bitter about this and his anger often turned on himself when things went wrong. "For example, if I dropped food, I'd get pissed off. I felt I needed to be perfect and in control all the time." Recognizing that everybody suffers, each in his or her own way, was a relief for Brian because it made him feel less alone. Suffering became the "connective tissue" that united him to others. After the first session, Brian noticed himself gazing at people on the street, wondering how they too suffer, and his heart often softened with compassion. "Compassion took on a whole new level of knowledge," Brian said. Nonetheless, he did not do any homework exercises after the first session. "I could see something there, but my emotions continued to override my ability to think or act on what I learned."

Session 2: Practicing mindfulness. Mindfulness may be defined as "awareness, of present experience, with acceptance" (Germer, 2005). The second session introduces the theory and practice of mindfulness, and how the mind/brain naturally looks for problems in the past and future when it is at rest ("default mode network"; Mason et al., 2007). Participants are taught in this session to calm the mind by anchoring their attention in a single object in the present moment, such as the breath. Polished "here-and-now stones" are distributed to group members to use as a focus of attention when the mind is ruminating about the past or future. Brian said, "The stone got my attention right away since I've looked and touched things all my life. I took it wherever I went. In a traffic jam, I looked at it rather than fretting *why isn't the traffic moving?* I relied on it to get me to the next session."

Breath meditation is also taught in Session 1, but this practice blossomed for Brian only after the MSC program was over. He said at our interview a year later:

> I use mindfulness of the breath all the time. In recent years, I was reduced to a wounded animal. With the breath, I reminded myself that I was alive. I started getting used to the idea, "I have a breath, I have a beating heart, I'm here." That was a breakthrough, a big contrast to the wish to have been born as a dog without constant worries.

Brian added that it is one thing to know *intellectually* that he deserves to be alive, but another to *feel* it. "Feeling the breath is a handle to grasp, consistently, to know I'm alive and to feel good about it."

Brian mentioned another mindfulness practice that he learned in the second session that he still uses every day: "soft gaze." This exercise involves stopping and looking around with wide-angle vision rather than focusing on a single object in our visual field. "I'm a visual person," said Brian, "and so much of what I do is perfectionistic, detailed, eye-hand stuff. Soft gaze lets me release the perfectionism, at least for a moment."

Session 3: Practicing loving-kindness meditation. In this session, participants learn loving-kindness meditation. It involves repetition of phrases such as "May I be safe" or "May I be kind to myself" as the focus of attention, either in formal sitting meditation or throughout the day. Brian confided, "I was incredulous about all the meditations I learned while going through

the program, except using the stone. But now I rely on the stone almost never, but do rely on the phrases and the breath."

Brian said that, at the outset, it was extremely difficult to direct loving-kindness toward himself. When he said, "May I be safe," he was reminded how unsafe he felt in his life. This is called "backdraft" in the MSC program. Brian could evoke warm feelings, however, when he thought about his dog or about his psychotherapist ("May *you* be safe"), and he gradually tucked himself into that circle of kindness: "May *we* be safe." Eventually Brian could say, "May *I* be safe." "I let those anxious thoughts and feelings flow through and out. The more I did that, the more I could feel safe and good about my health, my finances, and my future." Backdraft is actually welcomed as an essential part of emotional transformation in the MSC program. When we bring the light of loving-kindness and compassion to our experience, we discover our hidden wounds and fears. Then we bring kindness to ourselves and the wounds begin to lose their sharp edge. The process may be understood as compassionate exposure therapy.

Session 4: Finding your compassionate voice. The main lesson of the fourth session is how to expand beyond the loving-kindness phrases into a natural conversation with a compassionate part of ourselves, and to distinguish the "compassionate self" from the "inner critic." The compassionate self is motivated by the intention, "I love you and don't want you to suffer." Eventually new, compassionate language flows from that core intention. Practitioners discover supportive language bubbling into their awareness, such as "You can do it," "Have courage," "May I forgive myself," or simply "I love you."

Brian said that this session was a blank to him because he wasn't ready or able to give himself this kind of affection. However, in the following week, Brian had an experience that he claims changed his life for the better:

> I was raking leaves outside my house—it was late in the season—trying to get them removed before the snow came so the leaves wouldn't kill the grass. I was exhausted after a long day, rushing to finish, and on the verge of feeling angry when the words popped into my mind, "God bless you, Brian!" The anger just vanished and a modest smile of relief came over my face. This was all the more remarkable since no one in my family ever spoke that way to me, or used the word "God." It may sound saccharine to others, but it immediately released the pressure, the anger, and the self-hatred I was feeling. I use it as a tool now. I know what I need to do when I'm angry and anxious. I say, "Okay, take a moment and be nice to yourself. You're doing a good enough job. Don't worry." Sometimes I imagine a warm hand on my shoulder. I now know there's respite when things are tough.

The insights that Brian discovered are well known to seasoned mindfulness meditators, but Brian had them even though he wasn't practicing formal sitting meditation. He learned that our overall state of mind depends more on our *relationship* to experience than the conditions of our lives, and that emotional freedom is readily available when we warm up the experience of ourselves and our lives.

Retreat. A 4-hour retreat occurs midway through the MSC program. The retreat takes place mostly in silence and is an opportunity to slow down, observe what is occurring inside, and respond with self-compassion when difficulties arise. New practices are taught, such as enjoying the environment (Sense and Savor Walk), savoring food (Mindful Eating), and body awareness (Compassionate Body Scan).

When Brian was interviewed a year after the MSC program, he remembered the Pleasure Walk most vividly. The instructions for that exercise are to walk outdoors and notice as many pleasurable things as possible, slowly, one after another, using all of one's senses. When something is delightful, give yourself over to it. Like a honeybee moving from one flower to another, when you have exhausted one flower, go on to the next. Brian remarked that he spent a lot of time in

nature as a child, savoring it, but "during the retreat I realized that I only saw life as punishing. I had been living in fear and had completely stopped doing that sort of thing."

Brian also noticed during the retreat that his eating style was hurried and binge-like, and in the Compassionate Body Scan, he discovered that most of the time he was ruminating about aches and pains in his body ("How long can I continue to earn a living?") rather than simply feeling them. "I could see myself worrying, but I felt guilty about that because everyone has aches and pains, even worse than mine."

Overall, Brian's experience of slowing down in the retreat was a glimpse into how his mind rushes along "like a freight train," and he criticized himself for that. In our interview, Brian and I (C.G.) discussed how the purpose of a retreat is to discover how the mind ordinarily functions, that "waking up" is worthy of congratulations, and mindful awareness of rumination, self-judgment, and unnecessary haste (while eating) provide an excellent opportunity to practice self-compassion.

Session 5: Living deeply. This session is an exploration of core values that bring meaning to our lives. We can only be kind and responsive to ourselves in a deep way if we know what we really care about. This session also investigates how self-compassion may help us recover when we discover we're *not* living in accord with our core values.

Brian reported that this session made him sad. He said that making beautiful things is a core value for him. Although Brian is a talented artist, he rarely has time to make art because of his struggle to survive financially.

Another core value for Brian is to be a "good person," which he operationalized as "making beautiful things *that make others happy*." At the time of our interview, Brian said he's less perfectionistic now, and he can appreciate his landscaping work a little more knowing that people are happy with it. He still regrets not being able to pursue art for a living. Brian admitted he still has a long way to go before he can disentangle his personal value from his work, but he feels self-compassion is helping: "I don't beat myself up so much when things don't turn out just like I wanted. I don't fret so much. I can open up and take in compliments when I have the self-worth that comes from self-compassion."

Session 6: Managing difficult emotions. Emotions have physical and emotional components—thoughts and bodily reactions. When we're angry, for example, we spend a lot of time in our minds justifying our position and planning what we might say. We also feel physical tension in the abdomen as the body prepares for a fight. It's more difficult to manage a difficult emotion by chasing around our thoughts than by exploring the slower, physical component. When we *locate* and *anchor* our emotions in the body—find where they are located in the body—difficult emotions starts to change. Participants of the MSC program are first taught how to label a difficult emotion (naming the feeling with a gentle, understanding voice), and then to find where the emotion expresses itself as body sensation.

The main practice taught in this session—"soften-allow-soothe"—builds on the skills of labeling and body awareness. Softening is physical compassion, allowing is mental compassion, and soothing is emotional compassion. Once we locate a difficult emotion in the body, we can *soften* the area, *allow* the discomfort to be there, and then *soothe* ourselves with loving-kindness.

This practice can also be applied to the emotion of shame. First, we identify the negative core beliefs associated with shame, such as "I'm a failure," "I'm defective," and "I'm stupid," and then we locate shame in the body and practice soften-allow-soothe. The shame exercise is perhaps one of the most powerful experiences of the MSC program, since self-compassion directly targets shame. Remarkably, most participants discover that the experience of shame ties us together as human beings rather than keeping us permanently apart. (After all, we're pack animals and we crave and need the approval of others to survive.)

Brian couldn't work with these techniques during the MSC program, but he reported that over the subsequent year he was able to identify his core emotional theme when it arose, "disappointment," and soothe himself when he felt disappointed by people. The seed of soften-allow-soothe seems to have been planted: "Even if there is a remedy for disappointment, I have

to allow its presence—allow it to be there since it's out of my control anyway—before I can do anything about it."

Brian went on to explain that when he wakes up in the morning, often filled with dread about problems the day will bring, he folds his arms and legs, feels the warmth of his arms and legs, allows his muscles to soften, and then he focuses on his breathing and "a warm pocket of air in my nose," saying soothing phrases to himself with each in- and out-breath. This type of customized self-compassion practice is what we encourage participants to do throughout the program.

Session 7: Transforming relationships. All relationships include pain. Sartre (1944) famously said, "Hell is other people." The exercises in this session focus on transforming pain in relationships, either empathic pain with others who are suffering, or the pain of disconnection. Most of the pain in our lives occurs in relationship and is alleviated in relationship. Mindful self-compassion (validating our pain, followed by self-kindness) can be a useful first step toward releasing old wounds and cultivating forgiveness (self and other). Participants learn to use compassion phrases for the pain they have endured in difficult relationships, and also to breathe compassion in for themselves and out for others with whom they wish to reconnect.

Brian described this session as the most difficult of all. "My emotions were too powerful at the time, my mind was too flooded, to follow this session." The topic of discussion laid bare his history of feeling neglected and abandoned. Interestingly, Brian said he had a little breakthrough shortly after the session. Opening to the enormity of his relational pain led him to search for exceptions, and he stumbled upon his elder brother who occasionally acted as a surrogate father to him in childhood. After the session, Brian reached out to his brother and their relationship has become steadily stronger since that time.

Session 8: Embracing your life. This final session addresses our human negativity bias (Hanson, 2009). Scanning for threats to our physical or emotional integrity is helpful for survival, but it interferes with our capacity for happiness. By intentionally savoring good things in our lives and good qualities in ourselves, we can disengage from our innate negativity bias and enjoy our lives more fully. An example is the Sense and Savor Walk mentioned earlier.

Brian said this was an important session for him. He noted that he is less preoccupied nowadays with his failures and is able to "count [his] blessings," which include his health, his home, and a few friends. It's harder for Brian to name his personal strengths. When he tries to identify his strengths, he automatically reverts to thinking that he has not accomplished enough in life. He continues to give himself compassion for the pain of perfectionism in the hope that he will become less preoccupied with his shortcomings. One year after the MSC program ended, Brian continues to intentionally savor moments of pleasure and bring kindness to his suffering—necessary skills for living the moments of our lives, both bitter and sweet, more fully.

Outcome and Prognosis

Brian reports that the MSC program "tipped the scales" in his life: "I was limping along, struggling to survive, despite the many blessings in my life. The course helped me develop trust in the future." Brian occasionally worries that he isn't vigilant enough about potential problems, but he remembers that excessive rumination used to deplete him both mentally and physically. He says that he now has the tools to deal with difficulties as they arise. More importantly, Brian considers himself essentially a "good person," not fundamentally flawed or unlovable despite the messages of his childhood. He attributes this progress to consistent practice of mindful self-compassion.

Brian has been on antidepressant and antianxiety medication most of his adult life. His medication was adjusted 6 months after the MSC program ended, but Brian claims his change of heart can be traced to the "God bless you" incident while raking leaves, followed by the regular practice of self-compassion: "Bit by bit, the benefit is building up." This observation is consistent with empirical evidence that life satisfaction continues to increase between 6 months to 1 year after the program ends (Neff & Germer, 2013). It is quite possible, however, that

medication and meditation have been working synergistically to improve Brian's mental status. For example, medication may reduce his arousal level sufficiently to enable Brian to practice mindfulness and self-compassion exercises more consistently.

Symptomatically, Brian's sleep has improved, he feels calmer, more optimistic, and he rarely contemplates suicide. This is interesting because the conditions of his life have not changed markedly over the past year. The behavioral shift that Brian finds most surprising is that he actually looks forward to meeting his clients at the end of the day to review his work. He attributes this change to feeling better about himself—"more like everybody else."

Clinical Practices and Summary

The MSC program is a structured 8-week group training in mindfulness and self-compassion. It contains two core meditations, nine other meditations, and 18 informal self-compassion practices, along with the rationale for those exercises. Participants are encouraged to be experimental in how they adapt the practices to their own lives. MSC can serve as an adjunct to psychotherapy, especially for clients who suffer from shame and self-criticism.

Participants are invited to ask themselves throughout the program, "What do I need?" Sometimes that means that an emotionally overwhelmed individual should stop meditating altogether and respond *behaviorally* to his or her emotional distress, for example, by drinking a cup of tea or petting the dog. Self-kindness is more important than becoming a good meditator. In the interest of safety, pushing through emotional pain is discouraged in the MSC program. Self-compassion is both the path and the goal.

The MSC program is a hybrid between a clinical and a nonclinical training program, and participants are drawn from both populations. MSC is more like a seminar than group therapy insofar as members are asked to focus on learning new habits. MSC participants are certainly encouraged to know what causes distress in their lives—we need a target for compassionate awareness—but the focus of the MSC program is on how we *relate* to distress rather than the details of the personal narrative. Therefore, it is helpful for participants in the MSC program to also be in psychotherapy where they can explore the particulars of their lives, as needed. Self-compassion can also be taught in the context of psychotherapy, by either adapting exercises to the individual needs of the client or the therapist modeling compassion and self-compassion (Germer, 2012).

At the outset, most MSC participants feel ambivalent about self-compassion because they sense that it will make them vulnerable and open old wounds. This is indeed the case, but MSC provides tools for responding to whatever arises from a position of strength. Men, in particular, seem to worry that self-compassion will diminish their capacity to deal with adversity. It is helpful to explain to men that self-compassion is a practice of motivating ourselves with encouragement rather than self-criticism, like a good athletic coach. Women generally appreciate how self-compassion addresses the human need for care, comfort, and soothing. Self-compassion training offers participants a more supportive internal dialogue as well as inner safety and refuge.

The MSC program is systematic mind training, like going to the gym. Whereas psychotherapy typically trains the mind for 1 hour per week to relate to inner experience in a new way, MSC participants are encouraged to practice mindful self-compassion throughout the week for a minimum of 40 minutes per day. Self-compassion training may be considered "portable therapy" insofar as it is a self-to-self relationship that mimics the compassionate self-to-other relationship of psychotherapy, providing inner strength *between* sessions and, hopefully, tools for the rest of one's life.

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