

17 SELF-COMPASSION EXERCISES

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TABLE OF CONTENTS

Self-criticism	4
.....
Self-neglect	6
.....
Self-compassion	7
.....
Self-care	9
.....
Increasing self-care	11
.....
This product	17
.....
References	19
.....

People react to their weaknesses in various ways. Of particular interest in this product is the way people treat themselves when confronted with personal weaknesses. In general, a distinction can be made between behavior that reflects a friendly versus hostile self-relationship. The first type of behavior is referred to as self-neglect and is characterized by self-criticism; the latter is referred to as self-care and is characterized by self-compassion (see fig 1.1). In this introduction, we explore the difference between these two types of behavior and address possible ways to increase self-care.

■ SELF-CRITICISM

Self-criticism reflects a punitive attitude towards the self, the main goal of which is to punish the self for its inadequacies. Typically, people who score highly on self-criticism experience hurtful, self-defeating thoughts when confronted with a personal weakness. These thoughts blame the self for being weak and for not meeting a desired self-image. Individuals high in self-criticism “engage in constant and harsh scrutiny and evaluation and have a chronic fear of being disapproved and criticized” (Blatt & Zuroff, 1992, p. 528). Self-criticism has been implicated as a key process that underlies many forms of psychopathology. In line with this notion, research has revealed relationships between self-criticism and eating disorders (Lehman & Rodin, 1989; Steiger, Gauvin, Jabalpurwila, Seguin, & Stotland, 1999), substance abuse, (Blatt, Rounsaville, Eyre, & Wilber, 1984), depression (Blatt, 1995), and social anxiety (Clark, Watson, & Mineka, 1994). Moreover, self-criticism is associated with impaired social relationships (Zuroff, Santor & Mongrain, 2005) and has been found to interfere with the treatment of depression (Blatt & Zuroff, 2005; Rector, Bagby, Segal, Joffe, & Levitt, 2000).

Fig. 1.1 People can react by means of self-criticism or self-compassion to their weaknesses



► THE INNER CRITIC

The internal voice that represents self-critical thinking is referred to as the inner critic (Elliott, 1992). The inner critic poses threats (e.g., “If you don’t work hard enough you will lose your job”), monitors weaknesses and mistakes (e.g., “You messed this up again”), commands (e.g., “You should stop acting like a fool”) and judges (e.g., “You’re weak”). Examples of common thoughts that characterize the inner critic are listed in table. 1.1.

The inner critic’s function is to prevent the individual from making mistakes and to motivate him or her towards ideals. In this way, the inner critic can be considered an internal monitor that tries to keep a person safe from harm and make sure certain conditions are met. In principle, the goals of the inner critic are considered important for optimal human functioning. The ability to monitor and evaluate one’s behavior allows the individual to make the necessary changes when there is a discrepancy between current behavior and the goal. Importantly, it is not the function of the inner critic (i.e., evaluating behavior) that is problematic, but rather the nature of the evaluation.

The inner critic wants the best for the individual, however, it attempts to increase motivation in a hurtful and unproductive manner (see also table 1.2). First, the inner critic mostly monitors failure, meaning the nature of feedback is almost always negative. Second, the way the inner critic presents feedback is frequently harsh and unsupportive, giving rise to negative emotions like guilt, shame, and anger (Gilbert & Miles, 2000; Whelton & Greenberg, 2005). A vicious cycle whereby a drop in mood leads to self-criticism, which triggers a further drop in mood, often accompanies high levels of self-criticism (Heimpel, Wood, Marshall, & Brown, 2002).

Table 1.1. Examples of thoughts that reflect the inner critic

- What is wrong with me?
- How could I let this happen?
- Why me?
- I can’t do anything right
- If I continue like this, I will inevitably fail
- Fool
- A little child could do this better
- And you wonder why you don’t succeed?

Table 1.2. Characteristics of the inner critic

The inner critic is a voice that:
<ul style="list-style-type: none"> ▪ blames you when things go wrong ▪ calls you names such as “fool,” “weak,” and “unattractive,” ▪ compares you to other people—especially to their achievements and abilities ▪ sets high or impossible standards of perfection ▪ pays little or no attention to accomplishments or strengths ▪ exaggerates and generalizes weaknesses (“you always mess things up,”)

■ SELF-NEGLECT

Being confronted with a personal weakness can result in strong negative emotions such as guilt, shame or isolation. The self-criticism that arises after an encounter with a personal weakness triggers hostile behavior towards the self. Self-criticism is directed towards correcting the weakness rather than providing self-care (i.e., tuning in to and turning toward one’s suffering, monitoring one’s feelings, and carefully considering what is needed at this very moment). What tends to follow self-criticism is self-neglect, which is where one’s behavior completely abandons his or her needs (see fig 1.2).

Self-neglect can persist beyond pain, self-critical thinking, and upward comparison (i.e., comparing the self with more successful others). In extreme cases, self-neglect can involve physical self-harm, like cutting and hitting oneself (Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006). Self-neglect causes the individual to thwart his or her most important personal needs in a given moment of suffering. A striking example of self-neglect is presented in an article by Gilbert et al. (2010), where a patient struggling with weight management reported, “I hated myself for my weakness, felt terrible and wanted to self-harm”, after giving in to the temptation of eating a slice of cake (Gilbert et al., 2010 p. 565). This example clearly illustrates the self-neglect that can result from self-criticism.

Fig 1.2. self-criticism that arises after a confrontation with a personal weakness triggers self-neglect



■ SELF-COMPASSION

According to Neff (2003a, 2003b), self-compassion involves treating the self with care and concern when considering personal inadequacies, mistakes, failures, and painful life situations. There is strong evidence that self-compassion predicts well-being and resilience (Barnard & Curry, 2011; MacBeth & Gumley, 2012). Self-compassion comprises three interacting components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification.

Self-kindness refers to the tendency to be caring and understanding with the self as opposed to critical. Rather than attacking and berating the self for personal shortcomings, warmth and unconditional acceptance are offered (even though particular behaviors may be identified as unproductive and in need of change). Similarly, when life circumstances are stressful, instead of immediately trying to control or fix the problem, a self-compassionate response might entail

pausing first to offer oneself soothing and comfort.

The sense of common humanity in self-compassion involves recognizing that humans are imperfect; that all people fail, make mistakes, and have serious life challenges. Self-compassion connects one's own flawed condition to the shared human condition so that the features of the self are considered from a broader and more inclusive perspective. Cultivating a sense of common humanity during moments of distress or self-criticism can help to combat feelings of isolation as people realize they are not alone in their suffering.

Mindfulness in the context of self-compassion involves being aware of one's painful experiences in a way that neither ignores nor amplifies painful thoughts and emotions. It is necessary to be mindfully aware of personal suffering to be able to extend compassion towards the self. Examples of thoughts that arise from a self-compassionate attitude are shown in table 1.3. In order to reduce the negative impact of the inner critic and promote self-compassion, clients must become aware of how they treat themselves when they are confronted with personal weaknesses and obstacles. This is the aim of mindful self-compassion exercises.

Table 1.3. Examples of thoughts that reflect self-compassion

- I tried my best
- I am a human being, just like everybody else
- I never signed a contract to be perfect
- I learned something
- Next time, I will do it differently

Table 1.4. Characteristics of a self-compassionate voice

The self-compassionate voice is a voice that:

- understands that you are not perfect
- makes you stop to first take care of yourself rather than solve the problem
- is aware that everybody makes mistakes
- accepts you even when you make mistakes
- cares about your personal well-being

■ SELF-CARE

The term “self-care” describes the actions an individual might take in order to recover, maintain, and improve his or her physical and mental health. Self-care is needed to meet both physical and mental needs. Examples of self-care that satisfy physical needs include exercise, sleep, and attending to medical concerns. Examples of self-care that satisfy mental needs include meditating, emotional expression and journaling.

It can be useful to differentiate between reactive and proactive self-care. Reactive self-care involves responses to symptoms of ill health. Reactive self-care is an attempt to take care of the self as soon as any form of physical or mental suffering is detected. Proactive self-care, on the other hand, involves everyday practices that people engage in to maintain or improve their own health. Proactive self-care involves preventive action, aimed at keeping the self healthy in the long run. Note, however, that in practice it is often difficult to make a clear distinction between reactive and proactive self-care, as many people try to stay healthy (proactively) and deal with symptoms (reactively) at the same time.

Fig 1.3. self-compassionate thoughts that arise after a confrontation with a personal weakness trigger self-care



Self-care could be translated as “self-compassion in action”. Self-care results naturally from a compassionate stance towards the self. Because a self-compassionate individual has the genuine intention to be free from suffering and meet the self’s need at this moment, he or she will act in line with this intention. Rather than primarily focusing on ways to fix what is “wrong”, self-compassion shifts attention to taking care of personal needs. It allows the individual to meet his or her most important personal needs in a given moment of suffering. After being confronted with a weakness, self-compassionate thoughts help to initiate self-care (see fig 1.3).

EXPLAIN SELF-COMPASSIONATE MOTIVATION

Some clients may argue that they need self-criticism in order to motivate themselves and that by cultivating more self-compassion they will become lazy or unmotivated to address their weaknesses. It is important for these clients to realize that a self-compassionate individual still evaluates his or her behavior. The difference, however, lies in the starting point for improvement; self-criticism may be a great motivator, but it fuels action mainly by guilt and a fear of failure. Self-compassion, on the other hand, is fueled by kindness and encouragement. Moreover, it is important for clients to realize that self-criticism can hinder self-improvement, as it has been found to be positively associated with rumination and procrastination (Powers et al., 2011).

At first, self-compassionate behavior may seem at odds with behavior that is aimed to cope with problems. It is not uncommon for self-compassion to be mistaken for self-pity and passivity. Interestingly, research findings suggest that self-compassion does not make people complacent and unmotivated to change. First, although self-compassion is correlated with lower self-criticism, it is not incompatible with holding high personal standards (Neff, 2003b). Self-compassionate individuals may have high personal standards, though when they fail to meet these standards, they react with kindness rather than self-criticism. Moreover, self-compassion has been found to be negatively associated with procrastination (Williams, Stark, & Foster, 2008) and positively associated with holding mastery as opposed to

performance goals (Neff, Hseih, & Dejithirat, 2005). In an elegant series of studies, Breines and Chen (2012) directly tested the impact of self-compassion on self-improvement motivation. In comparison to other conditions, participants in the self-compassion condition viewed their weakness as more malleable (Experiment 1), showed greater motivation to make amends and avoid repeating a recent moral transgression (Experiment 2), devoted more time to studying for a difficult test after an initial failure (Experiment 3), and reported greater self-improvement motivation (Experiment 4). In sum, these findings suggest that self-compassion increases rather than decreases motivation to cope with personal weaknesses.

■ INCREASING SELF-CARE

Countless research findings demonstrate the importance of one's ability to attend to and meet personal needs. For instance, self-care has been found to increase empathy, immunologic functioning, and has been associated with lower levels of anxiety and depression (Schure, Christopher, & Christopher, 2008).

Self-care is sometimes mistaken for selfishness, however, according to Mills, Wand, and Fraser (2015), self-care allows people to take better care of others. These authors argue that it is a lack of self-care during times of distress that has a negative effect on one's ability to provide care and compassion to others. Because self-care ensures that we have taken care of our needs, we operate from a state of inner balance, which renders us better equipped to meet others' needs.

EXAMINE SELF-CARE ACTIONS

Some self-care actions may fulfill certain needs immediately but not promote well-being in the long run. For example, drinking alcohol may satisfy a client's need for relaxation in the short-term, but if used excessively and over a long time will likely negatively impact well-being. Likewise, consuming palatable food may offer an immediate comforting experience, but may also be indicative of a problematic relationship with food. It is recommended that the practitioner review the client's current self-care actions and where necessary, help the client replace unhealthy ones with better alternatives.

In this section, we describe some general guidelines that can help to increase self-care. For some people, increasing self-care may require lifestyle changes such as eating healthily, exercising more, and practicing yoga (Hewson, 2014; Alexander, Rollins, Walker, Wong, & Pennings, 2015; Salmon, 2001). For others, self-care strategies may not require lifestyle changes but rather a conscious decision to create a more healthy balance between different life domains (Hill, Hawkins, Ferris, & Weitzman, 2001; Hobson, Delunas, & Kesic, 2001).

► AWARENESS OF SELF-CRITICISM

As discussed previously, inner criticism often precedes the neglect of personal needs. This self-directed criticism can cause an individual to focus on fixing the weakness at hand without taking care of personal needs. Over time, harsh self-criticism can become an automatic and default response to personal shortcomings. As a consequence, people become less and less aware of self-criticism and its negative effect on their self-care.

By becoming aware of how one typically treats the self in the face of difficulty, one disrupts the automatic cycle of self-punishment, negative feelings and self-neglect. By taking an observational stance, in which one curiously notices the words, tone of voice, and impact of the inner critic, space is created for a different, more constructive response (see the next section). Increasing awareness of self-criticism is an important first step in cultivating self-care.

► REPLACING SELF-CRITICISM WITH CONSTRUCTIVE FEEDBACK

Awareness of self-criticism allows the individual to change it in a way that promotes both self-care and self-improvement. When attempting to alter the inner critic, it is important to note that it is not the function of the inner critic that is problematic. In fact, the evaluation of behavior can be considered an important ingredient of optimal human functioning; monitoring one's behavior and noticing when one's actions do not align with one's goals and values are crucial components of successful self-regulation (Baumeister, Heatherton, & Tice, 1994; Carver & Scheier, 1981). All models of self-regulation share the basic assumption that in order to grow and learn, the individual must monitor one's progress toward goals. For example, a person who wants to lose weight must monitor food intake in order to prevent over-eating. What is problematic about self-criticism, however, is the way in which behavior is evaluated—by making unsupportive, dichotomous, self-defeating statements about the self.

Self-criticism can be converted into constructive feedback by adopting a friendly, curious stance. After noticing self-critical talk, an individual might ask himself, "What would I say to a close friend in the same situation?" "What kinds of words would I use?" "What tone of voice would I use?" "What can I learn from

this situation?” “How can I use this to grow as a person?”. By replacing words that reflect harsh self-punishment with kind words that reflect a desire to learn and grow, the individual can become more familiar with a more constructive way of relating to weaknesses. This, however, is not a quick fix. It can take a considerable amount of self-awareness and practice to replace negative self-talk with more constructive self-talk.

DO NOT JUDGE THE INNER CRITIC

It is not uncommon for clients to become angry at their inner critic after becoming aware of how often this internal voice berates them. It is important for these clients to remember not to fight the inner critic. Responding to negativity with negativity will likely increase frustration and inner conflict, and strengthen the inner critic. The practitioner should help clients realize that the inner critic wants the best for them, but is not capable of motivating the self in a constructive way. Rather than fighting the inner critic, observing it and replacing it with a more friendly version is recommended.

► TUNING IN TO PERSONAL NEEDS

A prerequisite for self-care is the ability to listen to one's needs at any given moment. If we are unable to connect to what we truly need, we cannot give it to ourselves. There are different reasons why people fail to attend to their own needs. First, some people focus on meeting the needs of others before their own. Pleasing people at the expense of personal needs is often driven by an urge to be accepted and liked by others (a need for self-esteem; see Chapter 11) and/or by an urge to meet the desired self-image of a “helping person” (see the-self-as-story; Chapter 7). Second, an excessive focus on the future can lead one to neglect personal needs. Constantly striving towards the next goal means that one is living in the future, whereas needs are always connected to and met in the present moment. Tuning in to personal needs means tuning in to what the individual needs right now. Focusing on the future means there is literally less time available for present moment reflection. Third, the perceived importance of goals can cause people to convince themselves that they have to sacrifice their current needs. The perceived importance may be determined by an external demand (e.g., work deadline),

or by an anticipated reward resulting from goal accomplishment (e.g., working to excess for that moment of financial independence). Fourth, people may be unable or unwilling to approach their emotions. Emotions are arguably one of the most direct gateways to personal needs. In general, negative emotions indicate that a certain need(s) is not being satisfied, and positive emotions indicate need fulfillment. Negative emotions signal to a person that it is necessary to pause and attend to this need (Frijda, 1993). For instance, a person who is unexpectedly not invited to a dinner party may feel excluded. This feeling is a signal that a need for connectedness is thwarted (Baumeister & Leary, 1995). Likewise, a high level of stress may indicate a need for rest and relaxation. Positive emotions, on the other hand, signal that one's needs have been met and that an activity ought to be continued. For instance, a person who is able to complete a complex task without help from others may experience pride. The pride signals that one's need for autonomy and competence are being satisfied. Obviously, in order to extract information about personal needs from emotions, one must be willing to approach emotions and allow them to be present. After all, if one is unwilling to experience emotions and keeps avoiding them, the opportunity to learn from the emotion is blocked. As such, in order for self-care to develop, a mindful relationship with emotions (i.e., based on acceptance and tolerance, rather than on avoidance) is required.

BUILD SELF-COMPASSIONATE ROUTINES

For some clients, practicing self-compassionate behavior feels unnatural after criticizing themselves for many years. For instance, a workaholic may feel awkward and uncomfortable taking time off work to rest and relax. While taking a bath, this client may experience feelings of guilt and restlessness for not being “productive”. Help these clients to realize that self-compassion takes practice. While self-compassionate behavior may feel unnatural in the beginning, like any habit, it will become familiar with time. Importantly, rather than focusing on what prevents the client from cultivating more self-compassion, it is often more effective to build self-compassionate routines so that he or she can re-define the self-relationship through action. When introducing the idea of self-compassion, clients may respond with “This is not me. I am not at all like that”. What is more likely here is that the client is not familiar with expressing this kind of behavior. Thus, building more self-compassion into their daily life can help them to relate more and more to their “new” self-compassionate self.

► ACTIVELY USING SOCIAL SUPPORT

The word “self” in “self-care” may falsely imply that one does not rely on others to take care of the self. It is important to realize that the word “self” relates to the fact that it is the individual himself who is taking action to satisfy his needs. Thus, the word “self” stresses the key role of autonomy and personal responsibility in self-care. In some cases, self-care requires the assistance of others. Not all personal struggles can be solved alone. Not all needs can be met in solitude. There are many ways in which connections with other people facilitate self-care. Others may help to satisfy the self’s need for social connectedness, provide a source of positive distraction, and may offer support directly by taking care of mental or physical complaints. A large body of research has stressed the importance of social support, showing that others help individuals cope with major life events and smaller, everyday hassles (e.g., Bolger & Eckenrode, 1991; Harlow & Cantor, 1995). It is not uncommon, however, for people to struggle to ask for support. They may not want to be a burden to others, are afraid of appearing helpless, or feel ashamed of exposing their vulnerability. Effective self-care requires individuals to overcome barriers to seeking contact with or help from others.

► DISTANCING ONESELF FROM UNSUPPORTIVE RELATIONSHIPS

Although other people can be a great source of support, they can also be a major source of distress and misery (e.g., Rook, 1984). According to Berscheid and Reis (1998), negative relationships are the greatest cause of dissatisfaction with life. Indeed, past research has shown that relationships characterized by conflict and negativity are associated with deterioration in immune (e.g., Kiecolt-Glaser & Newton, 2001) and cardiovascular function (e.g., Ewart et al., 1991). In research on individuals with chronic health conditions such as cancer (e.g., Manne & Glassman, 2000), HIV/AIDS (e.g., Song & Ingram, 2002), and rheumatoid arthritis (Revenson, Schiaffino, Majerovitz, & Gibofsky, 1991), unsupportive responses from others were associated with decreased psychological adjustment.

EXAMINE CAUSES OF NEGATIVE SOCIAL ENCOUNTERS

Rather than advising clients to blindly end relationships that make them feel bad about themselves, it is advisable for practitioners to first investigate where these negative feelings come from. Although it is possible that the client's negative feelings are the result of the other's attempt to bring the client down, they may also be caused the client's self-view and interpretation of these social encounters. Clients who suffer from insecurity and feelings of low self-worth may perceive others and their reactions through a lens of self-doubt. Consequently, non-threatening responses from others may be misinterpreted as attempts to attack or devalue the client. Moreover, because the client's way of responding is influenced by his lack of confidence, he may unwillingly elicit responses from others that confirm the client's negative self-view, making his interactions a painful self-fulfilling prophecy. In these cases, the client's negative feelings do not arise as a result of the social encounter but reflect a general stance towards the self. For instance, a client who is insecure about his physical appearance may experience great discomfort when among people that he perceives as physically attractive. Although avoiding these people may reduce discomfort in the short-term, it will not help to resolve the deeper problem at hand (i.e., conditional self-acceptance). In these cases, it is important to investigate the client's self-image (including his conditions for worth) and help him to cultivate a more accepting stance towards the self (see chapter 9).

There are many examples of social interactions that can be described as "toxic". People may deliberately try to bring others down, ignore other people's needs, or engage in emotional or physical abuse. When social relationships negatively impact well-being, self-care involves taking action to honor the self's need for accepting, supportive relationships. In order to take action, the individual must first become aware of toxic social relationships, and their impact. Awareness of social interactions can be increased by reflecting on questions like: "Which people try to bring me down?" Which people speak negatively to me? Which people cause me to feel insecure? Which people reinforce negative self-talk? Next, where possible, action can be taken to distance oneself from people that neglect or even violate personal needs and invest time in people that offer acceptance and support.

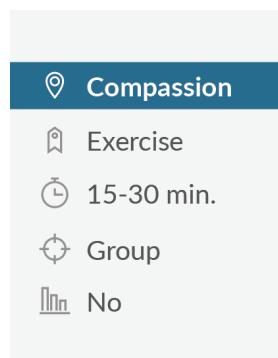
■ THIS PRODUCT

Each of the 17 exercises in this product is structured in the same way, consisting of a background section, a goal description, advice for using the exercise and suggested readings.

► UNDERSTANDING THE ICONS

On the first page of every exercise, a legend is shown, consisting of several icons (see fig. 1).

fig.1.4 legend of the exercises



- The first icon displays the main category the tool belongs to.
- The second icon shows the type of exercise. The following options are available:
 - » Exercise (an exercise that describes an activity that is done once, during a session)
 - » Assessment (an exercise that aims to assess a trait or characteristic of a person)
 - » Overview (an exercise that provides an overview or list of something; research findings, facts, etc.)
 - » Advice (an exercise that is directed at the helping professional providing advice on how to carry out a certain activity)
 - » Meditation (an exercise that describes a form of meditation)
 - » Intervention (an exercise that describes an activity that needs to be done more than once during a certain period)
- The third icon provides an estimation of the duration of the exercise. In other

words, how long it takes to complete the exercise. This is always an estimation of the total time it takes. Note that for some exercise types, like overview, advice, protocol and intervention it is difficult if not impossible to provide an estimation of the duration. In these cases n/a (not available) is written.

- The fourth icon describes the intended audience for this exercise; available options include client, coach or group.
- The last icon indicates whether this specific intervention has been tested at least once in a scientific study and has been published in a peer reviewed journal (yes or no). Note that if there is a strong theoretical and scientifically tested basis underlying the tool, but the tool itself in its current form has not been directly addressed in research, the icon will still indicate “no”.

► USING THE EXERCISES

Please note that the exercises in this product are not a substitute for a coaching certification program, which we recommend you take before you call yourself an official coach and before you see clients or patients.

Note that you are advised to use these exercises within the boundaries of your professional expertise. For instance, if you are a certified clinician, you are advised to use the exercises within your field of expertise (e.g. clinical psychology). Likewise, a school teacher may use the exercises in the classroom, but is not advised to use the exercises for clinical populations. PositivePsychology.com B.V. is not responsible for unauthorized usage of these exercises.

■ REFERENCES

- Alexander, G. K., Rollins, K., Walker, D., Wong, L., & Pennings, J. (2015). Yoga for self-care and burnout prevention among nurses. *Workplace Health & Safety*, 63, 462-470.
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology*, 15, 289-303.
- Baumeister R. & Leary M. (1995) The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin* 117, 497-529.
- Baumeister, R. F., Heatherton, T. F., & Tice, D. M. (1994). *Losing control: How and why people fail at self-regulation*. San Diego, CA, US: Academic Press.
- Berscheid, E., & Reis, H. T. (1998). Attraction and close relationships. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (pp. 193-281). New York, NY, US: McGraw-Hill.
- Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist*, 50, 1003-1020.
- Blatt, S. J., & Zuroff, D. C. (1992). Interpersonal relatedness and self-definition: Two prototypes for depression. *Clinical Psychology Review*, 12, 527-562.
- Blatt, S. J., & Zuroff, D. C. (2005). Empirical evaluation of the assumptions in identifying evidence-based treatments in mental health. *Clinical Psychology Review*, 25, 459-486.
- Blatt, S. J., Rounsaville, B., Eyre, S. L., & Wilber, C. (1984). The psychodynamics of opiate addiction. *Journal of Nervous and Mental Disease*, 172, 342-352.
- Bolger, N., & Eckenrode, J. (1991). Social relationships, personality, and anxiety during a major stressful event. *Journal of Personality and Social Psychology*, 61, 440-449.
- Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin*, 38, 1133-1143.
- Carver, C. S., & Scheier, M. F. (1981). *Attention and self-regulation: A control theory approach to human behavior*. New York: Springer-Verlag
- Clark, L. A., Watson, D., & Mineka, S. (1994). Temperament, Personality, and the Mood and Anxiety Disorders. *Journal of Abnormal Psychology*, 103, 103-116.
- Ewart, C. K., Taylor, C. B., Kraemer, H. C., & Agras, W. S. (1991). High blood pressure and marital discord: Not being nasty matters more than being nice. *Health Psychology*, 10, 155-163.
- Frijda, N. H. (1993). Mood, Emotion Episodes, and Emotions. In M. Lewis, & J. M. Haviland (Eds.), *Handbook of Emotions* (pp. 381-403). New York, NY: Guilford Press.
- Gilbert, P., & Miles, J. N. (2000). Sensitivity to Social Put-Down: it's relationship to perceptions of social rank, shame, social anxiety, depression, anger and self-other blame. *Personality and Individual Differences*, 29, 757-774.
- Gilbert, P., McEwan, K., Irons, C., Bhundia, R., Christie, R., Broomhead, C., & Rockliff, H. (2010). Self-harm in a mixed clinical population: The roles of self-criticism, shame, and social rank. *British Journal of Clinical Psychology*, 49, 563-576.
- Harlow, R. E., & Cantor, N. (1995). To whom do people turn when things go poorly? Task orientation and functional social contacts. *Journal of Personality and Social Psychology*,

69, 329-340.

- Heimpel, S. A., Wood, J. V., Marshall, M. A., & Brown, J. D. (2002). Do people with low self-esteem really want to feel better? Self-esteem differences in motivation to repair negative moods. *Journal of Personality and Social Psychology*, 82, 128-147.
- Hewson, C. (2014). Grief for pets-Part 2: Avoiding compassion fatigue. *Veterinary Nursing Journal*, 29, 388-391.
- Hill, E. J., Hawkins, A. J., Ferris, M., & Weitzman, M. (2001). Finding an extra day a week: The positive influence of perceived job flexibility on work and family life balance. *Family relations*, 50, 49-58.
- Hobson, C. J., Delunas, L., & Kesic, D. (2001). Compelling evidence of the need for corporate work/life balance initiatives: Results from a national survey of stressful life-events. *Journal of Employment Counseling*, 38, 38-44.
- Irons, C., Gilbert, P., Baldwin, M. W., Baccus, J. R., & Palmer, M. (2006). Parental recall, attachment relating and self-attacking/self-reassurance: Their relationship with depression. *British Journal of Clinical Psychology*, 45, 297-308.
- Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127, 472-503.
- Lehman, A. K., & Rodin, J. (1989). Styles of self-nurturance and disordered eating. *Journal of Consulting and Clinical Psychology*, 57, 117-122.
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32, 545-552.
- Manne, S. L., & Glassman, M. (2000). Perceived control, coping efficacy, and avoidance coping as mediators between spouses 'unsupportive behaviors and cancer patients' psychological distress. *Health Psychology*, 19, 155-164.
- Mills, J., Wand, T., & Fraser, J. A. (2015). On self-compassion and self-care in nursing: Selfish or essential for compassionate care? *International journal of nursing studies*, 52, 791-793.
- Neff, K. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, 2, 85-101.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and identity*, 2, 223-250.
- Neff, K. D., Hsieh, Y., & Dejithirath, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4, 263-287.
- Powers, T. A., Koestner, R., Zuroff, D. C., Milyavskaya, M., & Gorin, A. A. (2011). The effects of self-criticism and self-oriented perfectionism on goal pursuit. *Personality and Social Psychology Bulletin*, 37, 964-975.
- Rector, N. A., Bagby, R. M., Segal, Z. V., Joffe, R. T., & Levitt, A. (2000). Self-criticism and dependency in depressed patients treated with cognitive therapy or pharmacotherapy. *Cognitive Therapy and Research*, 24, 571-584.
- Revenson, T. A., Schiaffino, K. M., Majerovitz, S. D., & Gibofsky, A. (1991). Social support as a double-edged sword: The relation of positive and problematic support to depression among rheumatoid arthritis patients. *Social Science & Medicine*, 33, 807-813.

- Rook, K. S. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology*, 46, 1097-1108.
- Salmon, P. (2001). Effects of physical exercise on anxiety, depression, and sensitivity to stress: a unifying theory. *Clinical Psychology Review*, 21, 33-61.
- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling & Development*, 86, 47-56.
- Song, Y. S., & Ingram, K. M. (2002). Unsupportive social interactions, availability of social support, and coping: Their relationship to mood disturbance among African Americans living with HIV. *Journal of Social and Personal Relationships*, 19, 67-85.
- Steiger, H., Gauvin, L., Jabalpurwila, S., Seguin, J., & Stotland, S. (1999). Hypersensitivity to social interactions in bulimic syndromes: Relationship to binge eating. *Journal of Consulting and Clinical Psychology*, 67, 765-775.
- Whelton, W. J., & Greenberg, L. S. (2005). Emotion in self-criticism. *Personality and Individual Differences*, 38, 1583-1595.
- Williams, J. G., Stark, S. K., & Foster, E. E. (2008). Start today or the very last day? The relationships among self-compassion, motivation, and procrastination. *American Journal of Psychological Research*, 4, 37-44.
- Zuroff, D. C., Santor, D. A., & Mongrain, M. (2005). Dependency, self-criticism, and maladjustment. In J. S. Auerbach, K. J. Levy, & C. E. Schaffer (Eds.), *Relatedness, self-definition and mental representation: Essays in honor of Sidney J. Blatt* (pp. 75-90). London: Brunner-Routledge