

Spirituality & Health



Emerging Issues

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**Sandhya Ojha
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Sandhya Ojha & Urvashi Ojha

Self-Compassion and Positive Mental Health

Pramod Kumar Rai* & Gyanesh Kumar Tiwari**

Abstract

Ancient Indian knowledge and wisdom have received great admiration and praise among the scientist community for its in-depth insights about human nature in the recent past. Self-compassion, a construct from Buddhism, represents one of the several constructs that have attracted the attention of researchers from a variety of disciplines. Self-compassion refers to a set of positive and strengthening self-attitudes that get activated in the face of adversity, pain and failures of life. Theorizing of self-compassion has culminated into a three bipolar dimensional model comprising self-kindness-self-judgement, common humanity-isolation and mindfulness-over-identification. The first dimension denotes being kind and well-informed to oneself rather than being self-critical while the second reflects seeing one's fallibility as part of the larger human conditions and experiences rather than as isolating. The third dimension of self-compassion includes holding one's painful thoughts and feelings in the mindful awareness rather than avoiding them or over-identifying with them (Neff, 2003; Neff, Tóth-Király & Colosimo, 2018). Researchers have argued that self-compassion appears at the time of failure, pain or adversity of life and have suggested it to correlate positively with life satisfaction, social connectedness, emotional intelligence, happiness and lowered anxiety, depression, shame and fear of failure. Researchers have suggested self-compassion to promote

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efficacy in gaining enhanced perceived self-understanding, positive self-regard, forgiveness, resilience, hope, optimism, well-being, self-efficacy, autonomy, competence, intellectual and emotional strengths, productivity, positive emotions and decreased stress. Moreover, it has also been reported to catalyze positive intrapersonal and interpersonal relationships. These attributes of self-compassion have been argued to work behind its efficacy in shaping the genesis, maintenance, consolidation and promotion of positive mental health outcomes. The present chapter aims to summarize the nature and mechanisms of self-compassion for positive mental health outcomes. The shreds of evidence suggest that self-compassion carries the commendable potential to promote and strengthen mental health. The conclusions of this chapter are expected to have important theoretical and practical usefulness for mental health professionals, researchers and the public at large.

Keywords: Self-Compassion, Positive Mental Health, Positive Life Outcomes.

Ancient Indian knowledge and wisdom have received great admiration and praise among the scientist community for its in-depth insights about human nature in the recent past. One of the well-known and studied constructs that have attracted the attention of researchers around the globe is self-compassion. It has been argued that the concept of self-compassion dates back to 2500 years and based on Vedic philosophy of '*sarve bhavantu sukhinah*' and Jain philosophy of *ahimsa*. In Indian culture, *ahimsa* (non-violence) is the supreme duty (*Ahimsa paramo dharmah*). It is reflected in non-hurting others in many ways as well as involved in altruistic activities which is, in a broader way, *paropkar* (altruistic way of doing things). It is also said that *parhit saris darma nahin bhai* (There is no duty greater than doing good to others). *Paropkar* also fetches *punya* which is the greatest and ultimate asset for Indian people, by and large. Above all, these qualities transcend geographical boundaries and it is said, in one line 'universal brotherhood' that is the crux of Indian culture. In Jain philosophy, *ahimsa* means the action which does not hurt the '*atma swabhava*'. It denotes that the self which is '*atma swabhava*' is a state of a higher level of consciousness-full of love, compassion

and peace for living being without any sort of attachment to anything, whether thoughts, deeds or belongingness. It is also called a state of liberation. In fact, compassionate person protects his '*atma swabhava*' and maintains an equanimous state of mind.

One can understand the culture in the Eastern perspective as the sublimation of emotions. It is hard to define but enshrined in saintly characters like Socrates, Buddha, Gandhi and Vivekananda. Ahimsa is free from attachment, craving, aversion and hostility towards living beings including self. In fact, ahimsa includes compassion. It is an equanimous state where one sees things in an uncoloured way free from attachment and aversion. In this way, ahimsa is an umbrella construct which includes compassion and depicted in universal brotherhood. Compassion is a mental state that includes wishes of good things (joy, happiness, and free from sufferings) for oneself. In developing compassion, perhaps one could begin with the wish to be free from sufferings and then take the natural feelings towards one and cultivate it, enhance it, refine it and expand one's horizon to shower kindness to humanity around. In fact, compassion for self and others are the two sides of the coin. If a person is not friendly and kind to himself, he cannot be kind to others because friendliness is a state of harmony and equilibrium with human nature. One cannot show anger to others before disturbing his inner peace and in another way, angry to oneself. If a person avoids a hungry and homeless person on the street, he cannot feel compassion for the suffering of the person. Compassion involves heartfelt desires to respond to others pain by some sort of help which could lessen peg of pain. Compassion also generates warmth, caring and intense desire to become helping hand for others in need. These kind-hearted practices will lessen others sufferings and feel the person's heart with eternal bliss that cannot be bought with money. Thus, the person is also accruing valuable human capital in the form of self-compassion. Such people also become empathetic rather than judging other persons or have pity towards them. One realizes that one is an imperfect being and suffering is the part shared human experience. Self-compassion involves acting the same way towards oneself when people are having rainy days, failures or notice something unlikable towards oneself. In such situations, instead of ignoring the awesome situation, one tends to realize how balance can be maintained leading people in an upward spiral and getting rid

of suffering and pain. One cannot afford to be merciless towards oneself and criticizing for various deficiencies.

In fact, self-compassion means taking a U-turn and decides to be tough with oneself without having any guilt or inferiority and sees the fine morning rays which will spell the darkness. By inculcating self-compassion one endeavours to alter one in a fashion that instils self-confidence in a positive and happy way. However, this cannot be achieved unless, one cares about oneself and accepting oneself with unconditional regard, with an intention not to repeat the mistakes consciously. Humans are programmed to think in terms of probability but things do not go that way leading to frustration and feeling of loss at times. Self-compassion leads one to bounce again on the right path breaking the barriers of earlier limitations. By inculcating and refining compassion, one brings happiness to self and more kindness to others. The authors feel that there cannot be a watertight compartment between compassion and self-compassion as they are the two sides of the same coin. Perhaps, due to the individualistic bent of mind where a person is attributed heavily for inculcating human values and society is kept at the lower hand, the role of community and society which has to get a larger share in construing compassion including self-compassion. This can be achieved by social engineering involving marked compassionate persons as a role model has been undermined.

In essence, self-compassion is rooted in the traditional philosophy of Buddhism and Buddhist meditation (Cigolla, & Brown, 2011; Neff, & Germer, 2012). Buddhism considers self-compassion capable of regulating very closely well-being of human beings (Neff, & Germer, 2012). One close associate of self-compassion is mindfulness that is considered as the other face of the same coin. Mindfulness is the nearest English translation of 'Vipassana' that means a special way of observing oneself (Nehra, Nehra, & Dogra, 2012). Mindfulness provides for a background to work and activate self-compassion that denotes a set of positive self-attitudes and knowledge in a balanced manner (Hofmann, Grossman, & Hinton, 2011). Compassion is a universal attribute of human beings that reflects positive emotions by freeing oneself from sufferings (Hofmann, Grossman, & Hinton, 2011). Researchers have argued that mindfulness acts as a prerequisite condition to initiate the action of self-compassion (Neff, 2012; Neff, & Germer, 2012).

Mindfulness catalyzes internal experiences including sensation, emotion and thoughts rather than focusing on the experiencing person and the outer worldly affairs (Neff, & Germer, 2012). It has been posited that self-compassion is similar to unconditional positive regard of Rogers that incorporates inclinations towards self and others. Likewise, the term unconditional self-acceptance (Ellis) and internal empathizer (Snyder) are also assumed to be close with self-compassion that reflects one's experiences with curiosity and compassion (Buck, & Lukoff, n.d.). Similarly, self-empathy of Jordan is also assumed to be akin to this construct that implies acceptance,, care and empathy to oneself (Buck, & Lukoff, n.d.). It has been argued that self-compassion differs from self-pity that carries an emotional response of an individual who assumes himself/herself to be a victim with lowered self-confidence and strengths to face the adversities of life (Buck, & Lukoff, n.d.). Self-compassion also differs from self-esteem that is evaluative and comparative in nature, and, may, sometimes, originate as a result of psychopathological conditions (Mackinnon, 2015). For example, self-esteem may coexist with narcissism (Bushman, & Baumeister, 1998), distorted self-perceptions (Sedikides, 1993), unstable self-worth (Crocker, & Wolfe, 2001) and ego-threatening anger (Baumeister, Smart, & Boden, 1996). Thus, self-esteem may also coexist with extreme self-love, ego-defences, contingent self-worth and social-comparisons (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, & Vonk, 2009).

The evolutionary perspective argues that self-compassion is derived out of interpersonal attachment and affiliations as well as from propinquity and comforting relationships (Gilbert, 2009). It has been posited that human survival is guided by "tend and befriend" instinct (Taylor, 2002). This instinct makes human being more protective and caring about their offspring in times of danger and work in cooperation as a group that is transferred to other generation through genetic inheritance. This functioning leads to the development of a sense of security, care, love, attachment and happiness. Moreover, it also results in lowered negative psychological outcomes (Mikulincer & Shaver, 2007; Neff, & Germer, 2017). These positive and protective relationships help to ingrain ability to relate oneself as well as others consequent upon which compassion of others and self develop (Neff, & Germer, 2017). Thus, self-compassion has an

evolutionary root that carries existence values for humans as well as non-humans (Neff, & Germer, 2017). Moreover, these interpersonal emotional outcomes provide for an arsenal of flexible and a multitude of self-compassion models useful in different situations (Gilbert, & Proctor, 2006). In other words, it may be argued that self-compassion has its genesis in childhood rearing and socialization practices (Neff, & Germer, 2017; Wei, Liao, Ku, & Shaffer, 2011).

MEANING AND THEORETICAL BACKGROUND

Self-compassion has been borrowed from the philosophy of Buddhism that represents one of the several constructs of Indian ancient knowledge system capturing the attention of researchers in psychology as well as other disciplines. Self-compassion refers to a set of positive and strengthening self-attitudes that get activated in the face of adversity, pain and failures of life. This construct has been popularized after a series of scientific studies of Neff (2003a), a British Psychologist, who had occasion to visit India for her postdoctoral work. According to Neff (2003a; 2003b; Neff, 2012) and her associates (Goertz, Keltner & Simon-Thomas, 2010; Neff, Tóth-Király & Colosimo, 2018), self-compassion is a conglomeration of positive self-attitudes that reflect sensitivity, awareness and strong motivation to understand and alleviate pain, suffering and failures of human life resulting from adversities of life and limitations of human beings. It is universal self-attitude that carries existence value for human beings and arises out of interpersonal, familial and socialization processes (Gilbert, 2010). Self-compassion denotes understanding of shared human conditions of life that are characterized by failures, pains, subjectivity, imperfections, inadequacies and fragility (Neff, & Germer, 2017). Self-compassion is assumed to be non-judgemental and non-comparative understanding of oneself in the context of human realities of life (Neff, & Germer, 2017).

DIMENSIONS OF SELF-COMPASSION

Drawing upon the writings of Buddhist teachers and her own empirical works, Neff (2003a; 2003b) has proposed three bipolar dimensions of self-compassion namely, self-kindness-self-judgement, common humanity-isolation and mindfulness-over-identification. These three components are interdependent, interacting and mutually exclusive culminating into framing

a self-compassionate mind of people. The first component comprises positive and kind understanding towards oneself rather than being critical and judgemental (Neff, 200b) while the second part relates to the understanding of negative events as a part of common human experiences and realities instead assuming them unique to the individuals (Neff, 2003b). Lastly, the third one reflects one's ability to hold negative and painful thoughts in the current awareness rather than avoiding or over-identifying them (Neff, 2003b).

SELF-KINDNESS-SELF-JUDGEMENT

It has been reported that people in American and Western cultures place more emphasis on a higher awareness of being kind to their relatives, friends, family members and others who might be facing odds in their life. This denotes compassion for others. Conversely, they are hardly familiar with the fact that the similar situations may occur in their lives demanding the same compassionate attitude, understanding and behaviours akin to other people facing difficulties (Neff, & Germer, 2017). Moreover, the people in American and Western societies show greater familiarity with self-criticism and self-evaluation instead. These negative self-attitudes and understanding are more observed and reported in people who live with anxiety disorders and depression (Blatt, 1995). As such, people generally blame and think of situations and other people in determining the problems rather than comforting themselves and developing an understanding of uncontrollable and common life situations (Austenfeld, & Stanton, 2004).

Thus, self-compassion refers to a tendency to be helpful and caring toward them rather than criticizing in the face of adversities and inadequacies of human life (Neff, & Germer, 2017). It has been argued that the first dimension facilitates to develop a positive relationship with oneself rather than involving in self-criticism and self-evaluation. It also helps to relate one with one's mistakes and shortcomings that may lead to curative, preventive and promotive effects for individuals. People higher on this dimension may show enhanced tolerance, warmth, unconditional acceptance and understanding, self-acceptance of failures in achieving life goals, a positive internal dialogue rather than being harsh, cruel, critical, judgemental, inadequate and ignorant in the face of inadequacies of life (Neff, & Germer,

2017). In the other words, self-kindness cultivates healing, promotion, prevention and strengthening mechanisms (Pandey, Tiwari, Parihar, & Rai, 2019a; Pandey, Tiwari, Parihar, & Rai, 2019b; Tiwari, Rai, Pandey, Pandey, Verma, Parihar, Ahirwar, Tiwari, & Mandal, 2019).

COMMON HUMANITY-ISOLATION

Common humanity denotes perceptions and beliefs of individuals seeing their experiences of life as a part of the larger human experience rather than seeing them as separating and isolating (Neff, 2003b). It indicates the reality of human life that every human being fails in his/her life, makes mistakes and exhibits maladaptive behaviours. This awareness of common suffering of all human beings is the core of common humanity that makes it bearable. On the other hand, individuals with higher isolation think that all these negativity and shortcomings are associated with only them. Thus, higher common humanity motivates people to make a struggle, rational reactions, self-enhancement and helps remain connected with others (Neff, 2003b) while higher on isolation makes people think isolated and unconnected with others (Lapsley, FitzGerald, Rice & Jackson, 1989).

Higher common humanity helps to broaden life perspective and facilitates recognition of failures as part of human life. This shared nature of reality helps people to take appropriate and effective course of action. Moreover, it changes to adopt a flexible frame of attribution facilitating a positive adaptation with the demands of life and enhanced ability to bear the sufferings on the other hand (Neff, & Germer, 2017). It also lessens self-blaming in the face of failures or inadequacies. In addition, common humanity helps to forget negative past and live in present consequent upon which self-acceptance and relationships are established and maintained positively (Krueger, South, Johnson & Iacono, 2008; Triandis & Suh, 2002).

MINDFULNESS-OVERIDENTIFICATION

Mindfulness refers to holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them (Neff, 2003b; Brown & Ryan, 2003). It helps to accept one's conditions and makes people remain open at experience level that permits the free flow of thoughts, emotions and sensations

without becoming judgmental, avoidant and repressive (Bishop et al., 2004). Moreover, mindfulness helps people to acknowledge their pain and inadequacy stemming from self-criticism. On the other hand, over-identification may lead to overlook the real nature and causes of pain and get immersed in their problems themselves (Neff, & Germer, 2017).

Thus, suppression and avoidance of pain and inadequacy may lead to negative emotions, dependency, negative coping styles and social withdrawal (Holahan & Moos, 1987). In essence, being mindful means one is not over-identified with one's negative thoughts. Moreover, mindfulness enables individuals to face negative emotions and thoughts (Neff, 2003b). Thus, accepting one's negative feelings facilitates lowered chance of being engulfed by maladaptive reactions and rumination (Bishop et al., 2004; Nolen-Hoeksema, 1991). In addition, mindfulness catalyzes positive behaviour patterns, thoughts and emotions, innovation in applying new and effective strategies, lowered distortions, flexible, wiser and an objective perspective of life's realities (Neff, 2003b).

LINKS AMONG THE THREE FACETS OF SELF-COMPASSION

Neff and her associates (Neff, 2003b; Neff, & Germer, 2017) have argued that the three components of self-compassion are closely connected and interdependent even they are conceptually distinct and are experienced differently at the phenomenological level (Neff, 2003b). In addition, they interact as well as augment and engender one another. It has been argued that a particular amount of mindfulness is essential to experience the feelings of self-kindness and common humanity (Neff, 2003b). In addition, mindfulness contributes self-kindness by its nonjudgemental and detached attributes (Jopling, 2000). A positive perspective in a mindful state helps to decrease egocentricism that increases isolation and decreases feelings of interconnectedness (Elkind, 1967). On the other hand, a positive attitude and connectedness of self-kindness catalyze self-acceptance and positive emotional experiences thereby improving mindfulness (Fredrickson, 2001; Goldstein & Kornfield, 1987; Neff, 2003b). Likewise, self-kindness and feelings of common humanity enhance one another lowering self-criticism by the former and realizing common suffering and failures by the later (Rubin, 1975).

SELF-COMPASSION AND OTHER SELF-CONCEPTS

It has been argued that self-compassion differs from self-esteem, self-respect (Seligman, 1995), self-efficacy (Bandura, 1990), true self-esteem (Deci & Ryan, 1995), or personal character (Damon, 1995). It has been reported that self-esteem has its genesis in social comparison, evaluations and ranking (Harter, 1999). Sometimes, self-esteem may be originated from narcissism and psychopathological conditions (Neff, 2011). Moreover, self-esteem may, sometimes, lead to aggression while normal self-esteem does not (Mackinnon, 2015). Thus, self-esteem may not be always useful for people while no such negative consequences have been observed to be linked with self-compassion (Neff, 2011). Likewise, self-efficacy, self-respect, true self-esteem and personal character may have their origin in external sources and may carry both positive and negative consequences for people.

SELF-COMPASSION AND POSITIVE MENTAL HEALTH

The traditional concept of mental health has been supplemented with positive mental health in the recent past after the establishment of Positive Psychology as a new branch of Psychology in 2000. Before that, the construct of positive mental health has been presented by researchers in a fragmented manner. Jahoda (1958) was the first to propose a model of positive mental health that comprised of self-attitudes, growth, development, and self-actualization, coherence and continuity, autonomy and self-determination, adequate perception of reality and environmental mastery. Some useful additions were carried out by Vaillant (2003) who conceived positive mental health as above normal functioning, positive personal qualities of love and wisdom, healthy adult development, social-emotional intelligence, subjective well-being and resilience and coping.

Thus, in both the theorizing, positive mental health has been conceived as a multidimensional construct. Ancient Greek philosophers have also presented their views regarding positive aspects of human life adopting a different way (Deci & Ryan, 2008; Ryff & Singer, 2008). According to Greek philosophers, a good life carries hedonism and Eudaimonism in a balanced manner. Hedonism refers to gaining plentiful pleasure in different aspects of life. On the other hand, Eudaimonism includes optimal human functioning as well as self-realization of human potentials. The

former is also known as emotional well-being that comprises the presence of positive affects, the absence of negative affects, and an evaluation of life satisfaction (Diener, Suh, Lucas, & Smith, 1999). Another line of theorizing includes top-down and bottom-up models that attempt to explain individual differences in emotional well-being. The top-down model assumes stable traits responsible for emotional well-being whereas bottom-up model argues for the role of positive life experiences in the development and maintenance of well-being (Diener, Lucas, & Scollon, 2006; Diener, Suh, Lucas, & Smith, 1999).

The eudaimonic well-being involves an optimal functioning and meaning in individual and social life that is achieved by self-realization of personal potentials (Deci & Ryan, 2008; Waterman, 1993). Ryff (1989a, 1989b; Ryff & Singer, 2008) emphasized the role of optimal human growth and functioning in psychological well-being comprising six dimensions, namely self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy and purpose in life. In a similar vein, Keyes (1998) conceptualized social well-being comprising five dimensions, such as social contribution, social integration, social actualization, social acceptance and social coherence. In essence, emotional well-being involves happiness, positive affect, peaceful, satisfied, and full of life. Likewise, psychological well-being denotes self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy and purpose in life. Similarly, social well-being reflects social contribution, social integration, social actualization, social acceptance and social coherence (Keyes, 2005).

The foregoing discussion makes it obvious that positive mental health reflects a set of promotive strengths, preventive capabilities and flourishing strengths. In addition, positive mental health comprises self-understanding, positive regard, forgiveness, perceived self-efficacy, resilience, hope, optimism, well-being, autonomy, productivity and positive emotions. According to Public Health Agency of Canada (2006), there are five significant dimensions of positive mental health that include the ability to enjoy life, dealing with life's challenges, emotional well-being, spiritual well-being, social connections and respect for culture, equity, social justice and personal dignity. In essence, a good number of theorizing has been exercised to explain and understand the nature and characteristic features of positive

mental health with different connotations and similar meanings (Vaillant, 2012). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR, 2000), positive mental health can be conceived as above normal epitomized by global assessment of functioning score of over 80. Positive mental health reflects the presence of multiple human strengths rather than the absence of weaknesses and can be conceptualized as maturity, a dominance of positive emotions, high socio-emotional intelligence, subjective well-being and resilience.

Researchers have reported that self-compassion plays a vital role in facilitating and promoting worth in gaining enhanced perceived self-understanding, positive self-regard, forgiveness, resilience, hope, optimism, well-being, self-efficacy, autonomy, competence, intellectual and emotional strengths, productivity, positive emotions and decreased stress (Tiwari et al., 2019). In addition, it has also been observed to catalyze positive intrapersonal and interpersonal relationships. These attributes of self-compassion have been argued to work behind its efficacy in shaping the genesis, maintenance, consolidation and promotion of positive mental health outcomes (Tiwari et al., 2019). Another study in the Indian context studied the impacts of self-compassion on human flourishing measure developed by Keyes (2005). The study reported the positive and significant correlations among the scores of self-kindness, hedonic human flourishing, social well-being, psychological well-being, emotional well-being and human flourishing of the adults. Contrarily, negative and significant correlations among the overall scores of self-judgement, psychological well-being and emotional well-being scores of common humanity, hedonic human flourishing, common humanity and social well-being, psychological well-being, emotional well-being and human flourishing of the adults have also been observed (Verma, & Tiwari, 2017). Moreover, regression analyses showed self-compassion to account for significant variance in the scores of social well-being, psychological well-being, eudaimonic human flourishing and overall human flourishing of the adults. After the trifurcation of self-compassion into low, average and high categories, the adults with average self-compassion achieved higher mean score on hedonic, social well-being, psychological well-being, eudaimonic human flourishing and overall human flourishing as compared to the low self-compassionate adults.

The adults with high self-compassion evinced the higher mean scores on hedonic component, social well-being, psychological well-being, the eudaimonic human flourishing of human flourishing and overall human flourishing as compared to the low and average self-compassionate adults (Verma, & Tiwari, 2017).

In essence, the evidence suggests self-compassion to be closely linked with a host of positive mental health indices. For example, the earlier studies have demonstrated that self-compassion carries positive correlations with many positive outcomes of life in affective, cognitive, achievement and social domains (Neff & Vonk, 2009). Leary and his colleagues (2007) argued that self-compassion exhibited a negative relationship with real and imagined feelings of anxiety, sadness, and self-conscious emotions. Likewise, the findings suggest that low self-compassion is associated with greater negative affect and less positive affect in the face of real, imagined, and remembered events. Self-compassion has been reported to be significantly associated with human well-being and performance (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). In this research, well-being was conceived as a sense of purpose in life, a sense of self-mastery, low perceived stress, low negative affect and a higher satisfaction with life that suggested self-compassion to predict significant variability in it after controlling other relevant variables namely, stress and social support (Neely et al., 2009). Likewise, self-compassion has been observed to predict life satisfaction and showed positive correlations with positive reinterpretation and acceptance after a perceived failure, happiness and optimism (Neff et al., 2005; Neff et al., 2007).

It has been reported that affective processes are associated with self-compassion and positive psychological outcomes through emotion regulation and emotional intelligence (Neff, 2003a). For example, Neff (2003a) observed a positive correlation between emotional intelligence and self-compassion. This researcher further observed self-compassion to inhibit emotional suppression following a failure and helps the use of emotion-focused coping strategies such as acceptance and reinterpretation (Neff et al., 2005). It has been argued that the way self-compassion exerts its effects on emotional intelligence is not yet known (Barnard & Curry, 2011). On the other measures of mental health, self-compassion has shown a positive association with

mindfulness and negative correlations with rumination, thought suppression and avoidance (Neff et al., 2005; Neff, Kirkpatrick, & Rude, 2007; Neff & Vonk, 2009; Thompson & Waltz, 2008).

To further explore the nature of impacts, Akin (2008) carried out a study to assess the predictive role of self-compassion for the psychological vulnerability of 281 students. The findings suggested a positive link between self-compassion and positive mental health measures while the negative correlations were observed for psychological vulnerability. The regression results further suggested psychological vulnerability to be predictive of self-judgment, isolation, and over-identification. The researchers have shown that people with higher self-kindness, common humanity and mindfulness make more accurate self-appraisal than those lacking as it provides emotional safety needed to perceive the self clearly (Leary et al., 2007).

In addition, people higher on self-kindness, common humanity and mindfulness have been shown to possess a variety of psychological strengths such as well-being (Akin, 2008a), life satisfaction, optimism, positive affect, extraversion and agreeableness (Neff, Kirkpatrick, & Rude, 2007). On the other hand, people with self-judgment, isolation and over-identification reject their own feelings, thoughts and actions, tend to feel ashamed for their faults (Neff, 2003a), and ruminate on pessimistic emotions, and their own limitations (Barnard & Curry, 2011; Neff, Kirkpatrick, & Rude, 2007). It was argued that these individuals over-identified with their negative feelings and thoughts (Neff, & Vonk, 2009), tend to experience more negative emotions such as irritability, hostility, or distress (Neff, Rude, & Kirkpatrick, 2007). These outcomes, in turn, made these individuals more vulnerable to many psychological problems (Nolen- Hoeksema, 1991).

MECHANISMS UNDERLYING SELF-COMPASSION FOR POSITIVE MENTAL HEALTH

It is evident that self-compassion denotes a positive way of relating to one's self (Gilbert, & Procter, 2006; Neff, 2003a). A multitude of mechanisms have been proposed by researchers underlying the impacts of self-compassion but the knowledge about its mechanisms are still not very clear (Findlay-Jones, Rees, & Kane 2015). For example, Neff (2003a) has proposed that self-compassion carries self-acceptance, self-care, self-kindness,

self-tolerance, understanding and patience towards negative self-traits, common struggle, shared perception about lack of resources, shared/common inadequacy, emotional stability, stable perception, analytical thinking about failure in important domains of life and open-mindedness towards self during hurtful times. These represent the basic mechanisms behind its positive impacts on various positive life outcomes. Some other researchers have argued that self-compassion makes changes in negative emotions and engenders more positive emotions. It further suggests that emotion regulation may be working as a mediating variable for the relationship self-compassion and the nature of emotional changes (Berking, & Whitley, 2014; Neff, Kirkpatrick, & Rude, 2007).

An evolutionary perspective assumes that the life outcomes are regulated in healthy individuals by three affect regulation systems namely, threat protection and social ranking, seeking and acquiring and soothing (Gilbert, 2014). The individuals raised in safe and supportive environments may show higher self-compassion that extends greater strength to activate and maintain feelings of safety and warmth associated with self-soothing (Gilbert, 2014). On the other hand, the individuals deprived of care in their childhood may show higher self-criticism resulting into inappropriately developed self-soothing mechanisms and a hyper-aroused threat that pave the activation of defensive emotions of anxiety and depression that, in turn, ultimately culminate into a decreased level of self-compassion (Gilbert & Proctor, 2006). This argument has been empirically supported in a study that reported higher levels of self-compassion in a University student sample who recalled warm and supportive parents (Neff, & McGehee, 2010). Thus, the evolutionary conceptualization of self-compassion suggested non-judgmental well-being, tolerance and understanding of distress and the development of self-warmth as the key mechanisms inherent in self-compassion (Gilbert, 2014). Life satisfaction, social connectedness and significant indices of positive mental health have been observed to be associated with higher self-compassion (Barnard & Curry, 2011). Conversely, lower levels of self-compassion have consistently been reported to be linked with anxiety, depression, narcissism, self-criticism, and avoidance (Leary, Tate, Adams, Allen, & Hancock, 2007; Macbeth & Gumley, 2012; Neff & Vonk, 2009). Self-compassion

has been suggested to possess a curative capacity. For example, induced self-compassion was reported to be linked with lowered negative affect and emotional reactivity arising out of the day to day life problem situations (Leary et al., 2007).

In a meta-analytic review, adaptive emotion regulation was suggested to be a significant mechanism behind the impacts of self-compassion on mental health (Inwood, & Ferrari, 2018). It was hypothesized that adaptive emotion regulation facilitates the processing of negative emotions (Diedrich et al., 2017; Findlay-Jones, Rees, & Kane 2015). These adaptive emotion regulation strategies are acquired in childhood (Barlow et al., 2017). Moreover, the role of emotion regulation has been reported to be significant for both stress and clinical depression in adult samples (Inwood, & Ferrari, 2018). The adaptive emotion regulation enhances self-compassion by increasing the tolerance and processing of negative emotions (Berking & Whitley, 2014; Neff & Germer, 2013) as these have been reported to be crucial for achieving positive mental health (Berking, & Whitley, 2014). Some studies have also shown that emotion dysregulation was linked with lower levels of self-compassion as self-blame, shame and higher self-criticism are associated with a lower level of self-compassion (Barlow et al., 2017). Emotion regulation also contributes to self-compassion by increasing awareness and acceptance of emotions (Neff, 2003a, 2003b). Similarly, regular practice of self-compassion may down-regulate hyper-arousal, manage distress and may act as a protective factor for mental health (Gilbert, 2014; Svendsen et al., 2016). Resilience, an important component of positive mental health, has also been reported to be facilitated by self-compassion through emotion regulation (Scoglio et al., 2015).

Thus, self-compassion carries an existence value for people having its genesis in evolutionary history. This is the reason that self-compassion has been reported to be linked negatively with mental health problems and psychopathological symptoms and positively with positive mental health (Muris & Petrocchi, 2017). In addition, lower self-compassion inherently involves harsh self-criticism (Zuroff et al., 1990), social withdrawal and loneliness (Rubin, & Coplan, 2004), and self-absorption and self-focused rumination (Lyumbomirsky, & Nolen-Hoeksema, 2015). On the other hand, higher self-compassion leads to a positive emotion regulation that, in turn, enhances the awareness of positive emotions, adaptive attribution frame, perceived

commonality of pain and decreased identification with negative thoughts (Muris et al., 2018). In summary, it may be argued that a variety of positive life outcomes are closely linked with self-compassion. For example, self-compassion has shown a strong positive correlations with life satisfaction (Barnard & Curry, 2011), social connectedness (Williams, Stark, & Foster, 2008), emotional intelligence (Neff, 2003a), happiness (Neff, 2003b) and lowered anxiety, depression, shame, fear of failure and burnout (Williams et al., 2008).

SUMMARY

The basic goal of writing this chapter was to introduce readers with the basic nature of self-compassion and underscore its basic dimensions with their corresponding attributes. It was also tried to expound the nature and mechanisms of association between self-compassion and positive mental health. Self-compassion, borrowed from Buddhism, refers to a set of positive self-attitudes that emerge in the face of adversity, pain and personal inadequacy. Three bipolar dimensions of self-compassion have been identified by the most accepted and popular paradigm that proposed that includes self-kindness-self-judgement, common humanity-isolation and mindfulness-over-identification. Self-compassion has been suggested to be universal with non-judgemental and non-comparative positive self-understanding.

The first dimension refers to a tendency to be helpful and caring toward one's self rather than criticizing in the face of adversities and inadequacies of human life. Common humanity refers to the perceptions and beliefs of people taking their experiences of life as a part of the larger human experience rather than seeing them as separating and isolating. Lastly, mindfulness refers to holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them. The researchers have suggested that the three components of self-compassion are closely connected and interdependent even they are conceptually distinct and are experienced differently at the phenomenological level. Before the start of the scientific study of self-compassion, some synonymous self-constructs have been proposed by the then psychologists. For example, self-efficacy, self-respect, true self-esteem and personal character have proposed by different theorists that differ significantly with

self-compassion in terms of their nature, origin, mechanisms and consequences for a host of life outcomes of people. For example, it has been posited that self-esteem originates from social comparison, interpersonal evaluations and ranking of people while self-compassion lend its genesis from the adversities of human life.

Jahoda (1958) was the first to propose a model of positive mental health that comprised self-attitudes, growth, development, and self-actualization, coherence and continuity, autonomy and self-determination, adequate perception of reality and environmental mastery. Later, it was developed and refined by Vaillant (2003), Deci and Ryan (2008) and Ryff and Singer (2008). The Greek philosophers proposed positive mental health to comprise both hedonism and Eudaimonism. Hedonism refers to gaining plentiful of pleasure in different aspects of life whereas Eudaimonism denotes optimal human functioning as well as self-realization of human potentials. The former is also known as emotional well-being that denotes the presence of positive affect, the absence of negative affects and evaluation of life satisfaction. The latter is indicative of optimal functioning and meaning in personal and social life achieved by self-realization of personal potentials. Ryff (1989a, 1989b; Ryff & Singer, 2008) conceptualized psychological well-being comprising self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy and purpose in life. Likewise, Keyes (2005) conceptualized social well-being comprising social contribution, social integration, social actualization, social acceptance and social coherence.

The development of Positive Psychology as a new branch of Psychology paved the way for a new paradigm that advocated the study of positive psychological constructs including positive mental health. Self-compassion has been suggested to carry many attributes that may be assumed to underlie the positive mental health of people. For example, researchers have suggested self-compassion to be capable of promoting and strengthening positive mental health due to its inherent qualities of enhanced perceived self-understanding, positive self-regard, forgiveness, resilience, hope, optimism, well-being, self-efficacy, autonomy, competence, intellectual and emotional strengths, productivity, positive emotions and decreased stress.

Moreover, it has also been observed to catalyze positive intrapersonal and interpersonal relationships. These attributes of self-compassion have been argued to work behind its efficacy in shaping the genesis, maintenance, consolidation and promotion of positive mental health outcomes. The scientific study of self-compassion and positive mental health has been initiated by Indian researchers in the recent past. In essence, self-compassion has been reported to be closely linked with a host of positive mental health indices. For example, researchers have demonstrated that self-compassion carries positive correlations with many positive outcomes of life in affective, cognitive, achievement and social domains. To underscore the link between self-compassion and positive mental health, researchers have speculated a set of interrelated mechanisms suggested to underlie its positive associations with positive mental health. For example, according to one view, self-compassion exerts its influence as it carries self-acceptance, self-care, self-kindness, self-tolerance, understanding and patience towards negative self-traits, common struggle, shared perception about lack of resources, shared/common inadequacy, emotional stability, stable perception, analytical thinking about failure in important domains of life and open-mindedness towards self during hurtful times.

An evolutionary perspective assumes that the life outcomes are regulated in healthy individuals by three affect regulation systems namely, threat protection and social ranking, seeking and acquiring and soothing and the individuals raised in safe and supportive environments may show higher self-compassion that provide greater capacity to activate and maintain feelings of safety and warmth associated with self-soothing. This approach advocates for hereditary and early socialization related factors responsible for the genesis, maintenance and expression of self-compassion. In addition, this perspective also suggested non-judgmental well-being, tolerance and understanding of distress and the development of self-warmth as the key mechanisms inherent in self-compassion. Based on a meta-analytic review, a new perspective to explain the mechanisms involved in self-compassion has been proposed adaptive emotion regulation that represents a key mechanism to work behind the positive impacts of self-compassion. In essence, it has been suggested that self-compassion carries an existence value for people across the globe.

SUGGESTIONS FOR FUTURE RESEARCHERS

It is evident from the foregoing discussion that the scientific study of self-compassion is in its infancy. The failure of the pathological model in explaining mental health has given rise to the development of Positive Psychology that has influenced significantly the theorizing in all branches of Psychology. Moreover, American and Western researchers have shown their keen interest and positive faith in Ancient Indian knowledge and wisdom. This has spurred a new trend in the study of the psychological constructs being borrowed freely from the ancient Indian scriptures. Currently, self-compassion represents one of the many psychological constructs that has gained popularity in scientific Psychology. These changes have asserted that Indian knowledge system and philosophy can enlighten the modern science that has been in the habit of ignoring Indian cultural heritage.

The conclusions of the chapter may be expected to incite new waves in the research of self-compassion that will help to attract the scientist community towards other potential psychological constructs hidden in the ancient Indian knowledge system. There are many ways through which future researchers may ascertain their contributions to the emerging field of self-compassion. It has been observed that majority of the current research on self-compassion has been confined to the use of a correlational design that inhibits establishing a cause-effect relationship. Future researchers may employ experimental research designs to explicate self-compassion that will enable them to understand its causal effects. In addition, the use of qualitative and mixed methods designs may empower future researchers to understand more closely its basic nature and mechanisms. In addition, the study of gender and cultural differences in self-compassion may be another avenue for future researchers. The development and standardization of measurement tools of self-compassion for different age and cultural groups may be a significant contribution by future researchers. The development of self-compassion is little known that may constitute a good opportunity to add further to this field. It has been suggested that self-compassion can be cultivated through appropriate methods. There is limited research on the methods of development of self-compassion and the study of its development may constitute an important contribution. The use of self-compassion as a psychotherapeutic

intervention technique may prove very fruitful as emotional disturbances are common to the majority of the psychological disturbances. Thus, future researchers may add significantly to this field by focusing their work on its therapeutic effectiveness of self-compassion based techniques.

According to recent demographic data, the proportion of older people in the world population is increasing at a fast pace. In consonance with the rise in their number, their adjustment problems may also be assumed to accelerate. Thus, it would be a commendable topic of research to assess its effectiveness to help not only older people but also individuals of different developmental periods in cultivating and practising self-compassion. There is another scope that lies in devising the mechanisms to incorporate the practice of self-compassion in current health and social policies aimed at elevating all-round quality of life of people. Last, but not the least, future researchers may testify its efficacy for helping people facing loneliness and other minor psychological problems as a result of fast urbanization across the globe. In short, it may be argued that the conclusions of this deliberation may carry important theoretical and practical implications for health professionals, researchers and the public at large.

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