Available online at www.sciencedirect.com
ScienceDirect
Behavior Therapy 44 (2013) 501–513
Behavior Therapy
www.elsevier.com/locate/bt

Self-Compassion in Depression: Associations With Depressive Symptoms, Rumination, and Avoidance in Depressed Outpatients

Tobias Krieger
David Altenstein
Isabelle Baettig
Nadja Doerig
Martin Grosse Holtforth
University of Zurich

Self-compassion involves being kind to oneself when challenged with personal weaknesses or hardship and has been claimed to be associated with resilience in various areas. So far, there are only a handful of studies that investigate self-compassion and its relation to clinical depression. Therefore, the principal goals of the present study were (a) to compare self-compassion in clinically depressed patients and never-depressed subjects, (b) to investigate self-compassion and its relation to cognitive-behavioral avoidance and rumination in depressed outpatients, and (c) to investigate rumination and avoidance as mediators of the relationship between self-compassion and depressive symptoms. One hundred and forty-two depressed outpatients and 120 never-depressed individuals from a community sample completed a self-report measure of self-compassion along with other measures. Results indicate that depressed patients showed lower levels of self-compassion than never-depressed individuals, even when controlled for depressive symptoms. In depressed outpatients, self-compassion was negatively related to depressive symptoms, symptom-focused rumination, as well as cognitive and behavioral avoidance. Additionally, symptom-focused rumination and cognitive and behavioral avoidance mediated the relationship between self-compassion and depressive symptoms. These findings extend previous research on self-compassion, its relation to depression, as well as processes mediating this relationship, and highlight the importance of self-compassion in clinically depressed patients. Since depressed patients seem to have difficulties adopting a self-compassionate attitude, psychotherapists are well advised to explore and address how depressed patients treat themselves.

Keywords: self-compassion; rumination; avoidance; depression; outpatients

SELF-COMPASSION HAS RECENTLY SPURRED much interest in social, personality, and clinical psychology research. As self-compassion is "compassion turned inward" (Neff, 2012, p. 79), it describes a kind attitude towards oneself when challenged with personal weaknesses and in the face of mental or physical pain. A self-compassionate attitude includes a balanced view of oneself as well as one's (negative) emotional experiences (Neff, 2012). Neff (2003b) defined self-compassion in terms of three bipolar components: (a) self-kindness (vs. self-judgment), which refers to the ability of treating oneself with care and understanding as opposed to harsh self-judgment; (b) common humanity (vs. isolation), which refers to the recognition that imperfection is a shared aspect of the human experience, as opposed to feeling isolated and alone by one's failures and imperfections; and (c) mindfulness (vs.

This research was supported from the Swiss National Science Foundation (PP00P1-123377/1) awarded to the last author. We thank all participants for so generously giving their time in data collection. We also thank Brandy Foster for proofreading an earlier version of the manuscript. The authors of this manuscript do not have any conflicts of interest, financial or personal relationships, or affiliations to disclose.

Address correspondence to Tobias Krieger, Binzmuehlestrasse 14/19, 8050 Zurich, Switzerland; e-mail: tobias.krieger@psychologie.uzh.ch.

0005-7894/44/501–513/$1.00/0

overidentification), which involves holding and accepting one's present-moment experience as opposed to getting involved with the emotion. Whether measured as a trait (for review, see Neff, 2012) or induced as a state (e.g., Breines & Chen, 2012; Leary, Tate, Adams, Allen, & Hancock, 2007), self-compassion relates positively to mental health and adaptive psychological functioning. For example, higher levels of self-compassion are associated with greater life satisfaction, emotional intelligence, social connectedness, and stronger mastery goals, as well as with lower levels of depressive symptoms, anxiety, rumination, shame, self-criticism, fear of failure, and burnout (Barnard & Curry, 2011; Neff, 2012).

A recent meta-analysis by MacBeth and Gumley (2012) found a large overall effect size (r = -.52) for the relationship between self-compassion and depressive symptoms across various studies. However, most research on self-compassion and depression was conducted with nonclinical samples, whereas research in clinical samples has yet been sparse (Barnard & Curry, 2011). With regard to the components of self-compassion, some studies investigated the relation of components of self-compassion with depressive symptoms in nonclinical samples (Mills, Gilbert, Bellew, McEwan, & Gale, 2007; Ying, 2009) and in people seeking help for anxious distress (Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Overall, whereas depressive symptoms were negatively correlated with positive aspects of self-compassion, they were positively correlated with negative aspects. As Barnard and Curry (2011) point out, the strength of the associations of depressive symptoms with the positive aspects of self-compassion, especially with common humanity, tend to be weaker than those with the negative aspects.

So far, only a handful of studies have assessed self-compassion in clinically depressed patients. Results of intervention studies in currently depressed patients (Shahar et al., 2012) and depressed patients in partial or full remission (Kuyken et al., 2010) suggest favorable effects of change in self-compassion on depressive symptoms. Hence, it can be assumed that depressed individuals lack self-compassion. Nevertheless, to our knowledge, there is no study that examines the difference in self-compassion between clinically depressed patients and never-depressed subjects. Furthermore, apart from a study in a sample seeking treatment for anxious and depressive symptoms (Van Dam et al., 2011), there is no study that examines the relation of components of self-compassion with depressive symptoms in clinically depressed patients. However, such information may be important when considering the implementation of self-compassion-focused interventions in existing treatments of depression.

Avoidance has originally been associated with anxiety disorders, but has recently gained attention in depression research (for review, see Trew, 2011). Research indicates that depressed individuals seem to be more responsive to anticipated aversive stimuli (e.g., Abler, Erk, Herwig, & Walter, 2007) and have difficulties disengaging attention from negative material (Gotlib & Joormann, 2010). Therefore, it can be assumed that avoidance of aversive stimuli or situations may be especially likely in depressed individuals. While in the short term, avoidance may provide relief from distressing experiences, individuals do not get closer to a problem solution. Therefore, avoidance may exacerbate unresolved problems or even create new problems (Jacobson, Martell, & Dimidjian, 2001; Ottenbreit & Dobson, 2008). Thus, avoidance may contribute to a vicious circle, with future aversive conditions evoking avoidance that is maintained by negative reinforcement (Manos, Kanter, & Busch, 2010). Accordingly, several studies have found that avoidance is significantly related to depressive symptoms and highlight the importance of distinguishing social from nonsocial and behavioral from nonbehavioral avoidance (Moulds, Kandris, Starr, & Wong, 2007; Ottenbreit & Dobson, 2004; Roethlin, Grosse Holtforth, Bergomi, Berking, & Caspar, 2010). Overall, these results support further examining the role of avoidance in depression for research and clinical purposes alike.

Rumination has been found to prospectively predict the onset, severity, and, in some studies, the duration of depression (Just & Alloy, 1997; Kuehner & Weber, 1999; Spasojevic & Alloy, 2001; for review, see Wisco & Nolen-Hoeksema, 2008). Rumination has originally been defined as persistent and recurring thoughts, unintentionally entering consciousness and focusing one's attention on one's depressive symptoms as well as on the implications of these symptoms (Nolen-Hoeksema, 1991). Rather than assuming homogeneity, most authors have suggested that rumination may be best conceptualized as a multifactored construct, which captures both negative and positive forms of self-focus (for review, see Watkins, 2008). Accordingly, brooding (referring to self-critical moody pondering) has been shown to be associated with higher levels of depression, whereas results are mixed with regard to reflective rumination (capturing emotionally neutral pondering; e.g., Burwell & Shirk, 2007; Rimes & Watkins, 2005; Roelofs, Huibers, Peeters, Arntz, & van Os, 2008; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). These inconclusive findings regarding reflection seem to also depend on the (negative) valence of the thought content and on the abstractness of construal (Watkins, 2008). Other researchers differentiate between