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# Using acceptance and commitment therapy to increase self-compassion: A randomized controlled trial

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ABSTRACT

Self-compassion has been shown to be related to several types of psychopathology, including traumatic stress, and has been shown to improve in response to various kinds of interventions. Current conceptualizations of self-compassion fit well with the psychological flexibility model, which underlies acceptance and commitment therapy (ACT). However, there has been no research on ACT interventions specifically aimed at self-compassion. This randomized trial therefore compared a 6-hour ACT-based workshop targeting self-compassion to a wait-list control. From pretreatment to 2-month follow-up, ACT was significantly superior to the control condition in self-compassion, general psychological distress, and anxiety. Process analyses revealed psychological flexibility to be a significant mediator of changes in self-compassion, general psychological distress, depression, anxiety, and stress. Exploratory moderation analyses revealed the intervention to be of more benefit in terms of depression, anxiety, and stress to those with greater trauma history.

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## 1. Introduction

The concept of self-compassion has been put forth as a healthy alternative to both self-criticism and high self-esteem and has been conceptualized as consisting of self-kindness, mindfulness, and common humanity (Neff, 2003b). Self-kindness involves extending understanding, patience, and benevolence to the self, especially in difficult times; Common humanity refers to a sense in which one is connected to others in and even through one's suffering, as suffering is in fact common to all human beings; And mindfulness involves holding painful experiences in awareness (that is, not denying or distracting from them) but at a distance so that one does not become overly identified with them. The relevance of self-compassion has been supported by recent research showing that self-compassion correlates negatively with depression, anxiety, worry, rumination, and PTSD avoidance symptoms (Neff, 2003a; Neff, Rude, & Kirkpatrick, 2007; Raes, 2010; Thompson & Waltz, 2008). In addition, self-criticism and low self-compassion play a role in the development of psychological disorders in response to stressful life events, such as exposure to trauma (Cox, MacPherson, Enns, & McWilliams, 2004; Sharhabani-Arzy, Amir, & Swisa, 2005; Thompson & Waltz, 2008).

Interventions of various lengths and formats, from mindfulness-based stress reduction programs to very brief rationales, have been shown to increase self-compassion, as measured by Neff's Self-Compassion Scale (SCS; Neff, 2003a; for a review of research using the SCS, see Neff, 2012). One study showed that an 8-week mindful self-compassion course based on Neff's conceptualization improved self-compassion, mindfulness, compassion towards others, life satisfaction, avoidance, depression, anxiety, and stress significantly more than a wait-list control, with all improvements maintained at 6-month follow-up (Neff & Germer, 2013).

Some authors have suggested that acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2012) overlaps with Neff's conceptualization of self-compassion considerably and that Relational Frame Theory (RFT; Hayes, Barnes-Holmes, & Roche, 2001), the basic science of language and cognition behind ACT, may be relevant to self-compassion as well (Neff & Tirch, 2013). While research on ACT has not extensively examined self-compassion, ACT's process of change, psychological flexibility, which is measured by the Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011), correlates with the SCS at $r = .65$ (Neff, unpublished data cited in Neff & Tirch, 2013).

Psychological flexibility from an ACT perspective has 6 different dimensions. It consists of (1) deliteralizing language and cognition

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(defusion), (2) openly and willingly experiencing emotions and bodily sensations (acceptance), (3) flexibly and voluntarily attending to what is present (present moment awareness), (4) having a sense of self as the perspective from which life is experienced, as distinguished from one's identity or self-image (self-as-context), (5) flexible yet persistent self-directed behavior (committed action), and (6) freely chosen qualities of action that make behavior intrinsically reinforcing (values).

There are parallels and similarities between the concepts of psychological flexibility and self-compassion. First, from an ACT perspective, Neff's central concept of self-kindness may be closely linked to self-acceptance. The opposite of experiential acceptance, experiential avoidance, is viewed within ACT to include excessive evaluation of one's experiences as bad or wrong and is therefore highly self-invalidating. Acceptance of one's painful experiences, and of oneself when one is hurting, can thus be a stance of profound self-kindness. Further, contacting pain openly is necessary for extending understanding to oneself, a coping skill that is included in Neff's definition of self-kindness.

Second, from an RFT point of view, extending such self-understanding involves deictic relational frames (or perspective taking), which are defined as frames "that specify a relation in terms of the perspective of the speaker" (Hayes et al., 2001, p. 38). These very same deictic frames are involved in a sense of common humanity (an aspect central to self-compassion), since they allow one to see that both the self and others have moment to moment perspectives that can bear witness to difficult experiences. As perspective taking is strengthened, RFT argues that a larger common consciousness emerges that is extended across time, place, and person.

Third, Neff's self-compassion conceptualization and ACT both emphasize mindfulness, which from an ACT perspective consists of defusion, acceptance, contact with the present moment, and self-as-context (Fletcher & Hayes, 2005). Defusion is important for self-compassion because it allows self-criticisms to pass through the mind without having to be believed, proven wrong, or otherwise engaged—a stance that is likely more workable than an agenda of cognitive change. Defusion from self-criticism is particularly well-suited to self-critics because instructions to be less self-critical will likely be taken as criticisms, and will strengthen the self-critical repertoire. Self-as-context, or the observing self, is a sense of self that emerges from defusion from self-conceptualizations. Unlike self-esteem, which depends on positive self-evaluations, self-as-context cannot be threatened by failures and is therefore consummately stable.

## 2. The present study

In summary, (1) research suggests that lack of self-compassion might play a role in general psychopathology and in individual's response to trauma, (2) there has been a recent emergence in the literature of self-compassion as a treatment target, and (3) ACT and Neff's conceptualization of self-compassion share a number of conceptual commonalities.

Despite the clear applicability of ACT to self-compassion work, and the relevance of self-compassion with regards to psychopathology, no study to date has examined the effectiveness of an ACT protocol targeted at self-compassion. In addition, the conceptual overlaps between the psychological flexibility model and self-compassion beg the question of whether psychological flexibility may account for changes in self-compassion.

Therefore, this study aims to test the efficacy of an ACT approach to self-compassion, test the mediational role of psychological flexibility, and explore the moderating role of trauma history on the efficacy of the intervention. Drawing from the ACT model and its underlying theory of language and cognition, RFT, we designed an ACT intervention aimed at:

(1) *Weakening fusion with self-criticism and self-conceptualizations*. A defused stance is adaptive in that it involves flexibility in terms of the extent to which self-criticisms and self-conceptualizations govern behavior. For example, defusion frees individuals from pursuing lives centered around disproving self-criticisms through rigid perfectionism, but it also allows individuals to recognize areas of weakness so as to empower personal growth.
(2) *Strengthening deictic framing repertoires, which are involved in cultivating self-perspective-taking and self-as-context*. Deictic framing is involved in perspective-taking and compassion. Because these processes are usually thought of in terms of what one does with respect to others (e.g., "putting oneself in another's shoes"), the idea of applying them to the self may seem odd. However, through self-conceptualizations as "good," "bad," "okay," "broken," etc., self-as-content/self-as-object becomes more salient. Thus, defusion from self-as-content and the cultivation of self-as-context are central to the self-empathy involved in self-compassion.
(3) *Constructing and enacting a value of self-kindness through acceptance and self-acceptance*. Just as compassion towards others may be conceptualized as empathy plus kindness (Lazarus, 1991), self-compassion may be conceptualized as self-perspective-taking plus a value of self-kindness. One way to enact such a value is to embrace the suffering parts of the self with love and acceptance rather than avoiding thoughts and feelings linked to them.

Consistent with ACT's theoretical model and with previous ACT research, we hypothesize that the ACT intervention will lead to improvements in self-compassion and general psychopathology. Likewise, we hypothesize that such improvements will be mediated by increases in psychological flexibility. Given previous research indicating the role of self-compassion among victims of trauma, an exploratory aim of this study was to examine whether the ACT intervention was more efficacious for individuals with a history of trauma.

## 3. Method

### 3.1. Participants

Participants were undergraduates ($N=73$) 18 years of age and older enrolled in psychology classes at the University of Nevada, Reno. So that the intervention could be tested on those for whom it would be most relevant, and to avoid ceiling effects, participants were screened for low self-compassion, which was defined as a score on the SCS below the mean score for undergraduates in the original validation sample, 18.25. For similar reasons, participants were also screened for high psychological distress, as indicated by a score on the General Health Questionnaire (GHQ; Goldberg, 1972) of 10 or higher, which indicates the presence of a current DSM-IV Axis I disorder with a sensitivity of 78% and a specificity of 60% in this approximate age group (Baksheev, Robinson, Cosgrave, Baker, & Yung, 2011). Participants completed the screening instruments and all subsequent measures on SurveyMonkey (http://www.surveymonkey.com/) after signing up through a research sign up system maintained by the Psychology Department.

Those who qualified for the study were invited by email and/or by phone by the first author to attend a 20-minute informed consent meeting where the study was described. Each participant who consented was then assigned to either the ACT workshop or