



Self-compassion and forms of concern for others



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ABSTRACT

The subject of positive attitudes toward self and others has recently been the recipient of growing attention. In two studies, we explored self-compassion (SC) and forms of concern for others as they relate to various aspects of psychological functioning. SC was negatively associated with pathological concern (PC) and not associated with healthy concern (HC). PC was indicative of emotional and interpersonal difficulties, and a lack of well-being. SC and HC were indicative of better emotional and interpersonal functioning and greater well-being. Results of the two studies suggest that SC and HC differ from one another in terms of the particular personal orientation they express. PC on the other hand serves as a coping strategy with a fragile sense of self.

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1. Introduction

Positive attitudes toward the welfare of others as expressed in feelings of joy with regard to their successes, and sorrow with regard to their distress, have in recent years drawn more attention in psychological research and discourse (Aspinwall & Staudinger, 2003; Tolmacz, 2013). Terms such as “compassion” or “concern” are used interchangeably to describe an individual’s awareness of another person’s pain, in a way that gives rise to the emergence of kind feelings and the desire to alleviate the other’s suffering (Wispe, 1991). In addition, as this attitude is based on an interest in others’ welfare, it does not arise only in the context of distress. It also finds expression in happiness for others’ accomplishments (Tolmacz, 2008). Alongside the interest in the subject of positive attitudes toward others, there has also been growing interest in the ways in which one can apply aspects of these attitudes toward oneself. In the present study, we wish to explore the nature of the relationship between positive attitudes toward the self and positive attitudes toward others.

1.1. Concern for others

This growing interest in different aspects of positive attitudes toward others has brought about a better understanding of these attitudes’ various components and unveiled a number of distinctions between them. These include the proposed distinction between empathy and sympathy (Wispe, 1986), the distinction among various kinds of caring (Boleyn–Fitzgerald, 2003), and the distinction between

concern and empathy (Tolmacz, 2008). In addition, clinical evidence, theoretical perspectives and research all suggest that concern is not a monolithic concept and that its various forms are influenced by multiple and sometimes antagonistic motives, wishes, fears, mental representations of the self and others, emotions, and behavioral tendencies. In particular, a distinction was made between “healthy” concern, which involves the caring treatment of others alongside the maintenance of one’s self, and “pathological” concern, which seems to heavily favor the care of others over care of the self; individuals characterized by pathological concern seem to neglect their own needs entirely (Tolmacz, 2010).

In order to feel concern for others one must perceive the object of concern as having a subjective world of its own; therefore, one way to conceptualize concern is to take an intersubjective approach. Intersubjective approaches focus on the ways in which the self and the other are perceived as entities with subjective and objective aspects. Failing to recognize or denying the existence of the other’s subjective world (de-subjectivisation of the other) constitute the reasons for the absence of concern in a wide spectrum of situations. Ogden (1990) argued that only in the context of a sense of the other’s subjectivity is he or she perceived to be a three-dimensional subject warranting empathy, care, or guilt in the aftermath of injury. Hollway (2006) suggested that a theory of intersubjectivity “means that care is the psychological equivalent to our need to breathe unpolluted air” (p. 11).

If both the self and the other can be experienced as both subject and object, then there are four forms these relationships can take: self-subject and other-subject, self-subject and other-object, self-object and other-subject, and self-object and other-object (Tolmacz, 2013; Shavit & Tolmacz, 2014). Distinguishing among the four relationship patterns enables us to understand the distinction between healthy

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and pathological concern. One form – self-subject and other-subject, where regard for self as a subject accompanies a caring attitude toward the other – characterizes the healthy concern type. This concern makes itself apparent both in one's sorrow over the other's distress and in one's sharing of the other's joy. A scenario, however, in which there is a lack of regard for the self as a subject, accompanied by an over-caring attitude toward the other, characterizes a form of pathological concern.

The difference between HC and PC is manifested primarily in terms of well-being and spontaneous expression of self-needs. PC is characterized by two key features: (a) repression and denial of self-related needs, and (b) overinvestment in satisfying others' needs. Berman (2012) regards this kind of concern as a case of self-negation or masochistic self-sacrifice. Similarly, Barbanel (2006) termed this kind of concern as *caretaker personality disorder* and applied it to individuals who devote themselves emotionally, physically, and psychologically to others while leaving their own needs unfulfilled. Research findings suggest that pathological concern is significantly positively associated with egocentric motivations, silencing of the self, attachment insecurities, imbalanced forms of relational entitlement, low self-esteem, low life satisfaction, negative emotionality and covert narcissism (Shavit & Tolmacz, 2014; Friedemann, Tolmocz & Doron, in press).

On the other hand, Winnicott (1963) and Bowlby (1979, 1988) suggested that to the extent a person has developed a capacity for healthy concern, he will be capable of expressing a caring attitude toward the other without compromising his sense of well-being. This understanding has been supported by research findings indicating that HC is significantly associated negatively with insecure attachment, silencing of the self and positively with self-esteem, life satisfaction, an assertive sense of entitlement and well-being (Helgeson, 1994, Shavit 2011).

1.2. Self-compassion

One of the major contributions to the subject of positive attitude toward oneself was made by Neff, who introduced the concept of self-compassion (SC). Neff suggested that since compassion includes being open to the other's suffering and generating the desire to heal the other through kindness, SC would entail applying these same qualities toward oneself. By conceptualizing SC as embodying one's perception of one's self as a subject, one could heal oneself through kindness.

According to Neff, SC is made up of three main components, which overlap and mutually interact: self-kindness, feelings of common humanity, and mindfulness. *Self-kindness* is the tendency to be caring and understanding toward ourselves rather than harshly critical or judgmental. When life circumstances are difficult, self-compassionate people soothe and comfort themselves, rather than taking a stoic “just grin and bear it” approach. The second component, the *sense of common humanity*, involves recognizing that all people fail, make mistakes, and experience pain. Difficult life circumstances and ones' failures are framed in the context of shared human experience, so that one feels proximity as opposed to distance from others when experiencing difficulty. *Mindfulness*, the third component of SC, involves being aware of the present moment's experience in a clear and balanced manner that neither ignores nor ruminates on dissatisfying aspects of oneself or one's environment (Brown & Ryan, 2003). Mindfulness involves taking a meta-perspective on one's own experience so that it can be considered within a greater perspective, thereby avoiding the temptation of becoming consumed by the story-line of one's own pain, a process that has been termed “over-identification” (Neff, 2003b). People who over-identify tend to exaggerate and fixate on negative self-relevant thoughts and emotions, therefore preventing themselves from seeing options for overcoming their difficulties (for other approaches to self-compassion, see Gilbert, 2009).

Thus, SC involves observing one's own experience in light of the common human condition. According to Neff (2003a,b), being self-compassionate does not mean being selfish or self-centered, and it also doesn't mean that one prioritizes personal needs over those of

others. Instead, an individual characterized by SC acknowledges that suffering, failure, and inadequacies are part of the human condition, and that all people – oneself included – are worthy of compassion.

Much research regarding SC has accumulated over the last decade, primarily by means of the self-compassion scale (SCS, Neff, 2009, 2011). A major focus of this research has been various aspects of the relationship between SC and one's own well-being. Higher levels of SC have been associated with greater life satisfaction, emotional intelligence, social connectedness, and mastery goals, as well as less self-criticism, depression, anxiety, rumination, thought suppression, perfectionism, performance goals, and disordered eating behaviors (Adams & Leary, 2007; Neff, 2003a; Neff, Hsieh & DeJitterat, 2005; Neff, Rude & Kirkpatrick, 2007). Neff, Rude, and Kirkpatrick (2007) found that SC was associated with increased levels of curiosity and exploration, happiness, optimism, and positive affect. They also found that SC was associated with extraversion, agreeableness, conscientiousness, and negatively with neuroticism.

Empirical findings indicate that although SC is moderately correlated with global self-esteem (SE as measured by Rosenberg's self-report measure, 1965), it independently predicts increased well-being and reduced psychopathology. More experimental research has indicated that when an individual is confronted with highly self-evaluative situations, SC has a buffering effect on his/her anxiety, an effect that SE, by contrast, was not found to have (Neff et al., 2007). In addition, Leary, Tate, Adams, Allen and Hancock (2007) found that SC predicted more optimal coping and less negative emotions in the wake of imagined negative scenarios, an effect, again, that was not found to be the case for global SE.

1.3. Self-compassion and concern for others

Since there is little differentiation between SC and the more general “compassion” one generates toward others (Neff, 2003a,b), Neff suggested that people who are highly compassionate toward themselves would be highly compassionate toward and/or concerned for others. In fact, Neff and Pommier (2013) found a substantial correlation between SC and concern for others, primarily among men engaged in Buddhist meditation, which incorporates SC components. Thus, according to Neff, in intersubjective terms SC embodies the self-subject and other-subject relationship form. Similarly, Bakan (1966) suggested that healthy concern for others is only possible when communion and agency can live together, so that a positive orientation toward others goes hand in hand with a positive orientation toward the self. On the other hand, Abele and Wojciszke (2007) showed that while agency is related to strivings to individuate and expand the self, communion arises from strivings to integrate the self in a larger social unit through caring for others. In fact, what we imply from this observation is that SC (characterized by a sense of agency) is a different construct from HC (characterized by a sense of communion). We suggest that these allegedly conflicting propositions may be incorporated in the following manner: both HC and SC share a common denominator of a positive sense of self and well-being. However, while SC reflects a primary orientation of autonomy, HC reflects a primary orientation of relatedness.

1.4. The current study

In keeping with this debate, the main purpose of the current study was to further explore the nature of the relationship between SC and different forms of concern for others as presented from a personal trait perspective.

Based on the understanding that concern is not a monolithic concept and is made up of a healthy form (self-subject and other-subject relationship) and a pathological form (self-object and other-subject relationship), we assumed that both HC and SC would be negatively associated with PC. Moreover, we assumed that these associations would also be reflected in their relationships with different aspects of

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