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Mindful self-compassion for chaplains and aged care workers

Bruce A. Stevens

Charles Sturt University/St. Marks Theological Centre, Canberra, Australia

ABSTRACT

Self-compassion is essential for psychological well-being. It is also an important starting point for chaplains and carers of the aged or of anyone in a dependent relationship. Mindful self-compassion is a “3rd wave” cognitive behavioural therapy that does not try to change symptoms but encourages a shift in attitudes—in this case with ourselves. The work of Kristen Neff is outlined with her three principles to achieve self-compassion. The psychoanalytic concept of “hate in the counter-transference” illustrates the difficulties of being a carer in a dependent relationship. Theological implications are discussed with a consideration of whether God actually *likes* us.

KEYWORDS

Carers; mindfulness;
self-care; self-compassion

Introduction

I was on an escalator at the Art Gallery of NSW in Sydney, going up. Coming down was an elegantly dressed older woman, maybe in her late 80s. She said to me, “I know it’s awful. But could you tell me what day of the week it is?” I answered, “Sunday.” She seemed relieved.

That moment might be regarded as one of the briefest of caring encounters with someone living with dementia. Just a one-word answer. Of course, not all caring is brief or as easily provided. Mostly it is demanding, draining, frustrating, and inconvenient. Essentially, someone else’s needs come first, second, and third, and maybe the carer’s needs are forgotten.

In this article I will introduce self-compassion, outlining three basic principles, and look at some theological aspects of a journey that involves being kind to self and caring for others.

Self-compassion

It is almost normative to think about ourselves terms of self-esteem, but this is problematic (Marshall et al., 2015). Pursuing self-esteem must fail because it puts us on a treadmill of “one success after another.” Do I need to be

CONTACT Bruce A. Stevens  bstevens@csu.edu.au  Charles Sturt University, Department of Theology, 15 Blackall St., Barton, Canberra, ACT 2600, Australia.

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better-than-average to feel good about myself? Can we all be better than average—in everything? I am without musical ability but does this “limit” my self-esteem? This has been called the “self-esteem trap.”

When I was first training to be a psychologist I remember the “feel good” advice to write something good about myself, stick it to the bathroom mirror, and daily remind myself that I really am an “exceptional person.”—or beautiful, or intelligent, or special. Did it work? Not in my experience; it feels like self-flattery, which is never convincing.

We need a better basis than contingent self-esteem or self-flattery for that important relationship with self. Can our kindness extend to ourselves when we are disappointed, feel a failure, or are rejected and hurting? It is plausible that the over-emphasis on self-esteem in the past few decades has led to problems with narcissism and even bullying (Neff, 2011b). Can we instead learn to be self-compassionate: To recognize that we are hurting, then to hold ourselves kindly and gently (Harris, 2011)? And if we are left with profound regrets about instances of bad behaviour, can we forgive ourselves? (Ranganathan & Todorov, 2010) This leads us to the point of self-compassion—it works best when we fail!

Over the past decade or so there has been a growing interest in compassion generally. This has been “enshrined” in Buddhist philosophy (Honin, Van Gordon, & Griffiths, 2014). In classical Buddhist thought, compassion can be defined as the “heart that trembles in the face of suffering” (Feldman & Kuyken, 2011). There is a story about a Tibetan monk who was held in jail for years by Chinese prison guards. Later he was released and had an audience with the Dalai Lama. He was asked about his time in prison, and the monk said he faced danger a few times. The Dalai Lama asked, “What danger?” The monk replied, “Of losing compassion towards the Chinese.”

Almost all forms of spirituality or religious faith value compassion. Compassion is the most frequently occurring word in the Qur’an. The Sufis, the great mystics of Islam, wrote of love and compassion as essential to the spiritual path. God is portrayed as compassionate in the Old Testament (e.g., Daniel 9: 9) and in the New Testament the example of Jesus is central. Believers are encouraged to put on or to wear “compassion” (Col. 3: 12). This is seen as an attribute of God and a virtue in those who follow Christ. Mostly compassion is expressed to those in need. To some degree the shift to self-compassion is a challenge. In the West we tend to see compassion as a gift, so bestowing it on ourselves seems selfish or inappropriate. In the East, however, with a rich meditative tradition, it is seen as a skill to be cultivated (Salzberg in Germer, 2009).

Another related concept with some spiritual overtones is mindfulness. This has influenced the “3rd wave” cognitive behavioural therapies that include Acceptance and Commitment Therapy, Mindfulness-Based Cognitive Therapy, Dialectical Behavioural Therapy, and Compassion

Focused Therapy. These therapies have shifted from challenging negative thoughts and behavioural change, to a more experiential training of the client to maintain present awareness. Many techniques are used, such as mindful attention to breath, body scan, and “urge surfing.” The two streams flow together in mindfulness-based self-compassion (perhaps with a common mechanism; MacBeth & Gumley, 2012).

Characteristics of self-compassion

The study of self-compassion is in its relative infancy. One of the leading researchers is Kristen Neff (www.self-compassion.org). She is an academic psychologist who has completed a number of research studies and has written about the therapeutic benefits of this approach. Neff has articulated three principles of self-compassion. You might consider them three doorways into putting self-compassion into practice:

- (1) **Self-kindness versus self-judgment.** Self-compassion encourages you to relate to yourself with kindness and understanding, not harsh judgment. Sometimes it seems natural to be “tough” on ourselves (ironically more than we would ever be to others), but this leads to psychological bruises, at the least, and at worst to self-destructive urges. In the movie *Fight Club* (1999) the realization eventually dawns that people are hitting themselves, and not an opponent. Those most often injured through self-criticism are ourselves!
- (2) **Feelings of common humanity versus isolation.** Why me? This is an isolating question. The alternative is to see our experience as part of the human experience. To be human is err ... well, to be imperfect. Understanding this can help us to feel connected to imperfect humanity. Christians might think of “all have sinned” (Romans 3: 23). Eastern religions recognize being finite or limited—but again being human. This is the ground we all stand on.
- (3) **Mindfulness versus over-identification.** A mindfulness revolution has occurred in mental health circles. It is about being aware of the present moment—to intentionally notice. This helps to tame racing thoughts and rumination. Mindfulness is also accepting of reality. You approach even negative personal experiences with curiosity and non-judgment. Symptoms are secondary; acceptance comes first. Self-compassion encourages the balance of holding painful thoughts and feelings in mindful awareness, rather than avoiding or being overly fused with them (Neff, Kirkpatrick, & Rude, 2007). The goal is to establish a different relationship to painful thoughts and feelings; not to challenge but to accept (Germer, 2009).

In pain it is natural to *react* with self-criticism, self-isolation and self-absorption (Germer, 2009). Harsh self-criticism is thought to be a cover for a desire for control, driven by a need for safety (Neff, 2011a), but more research is probably needed to explain our “addiction” to self-criticism. The first *response* from self-compassion is to see that we are hurting and give care-of-self. This might be as simple as acknowledging that we feel an uncomfortable emotion—say frustration—in a situation and then acknowledging that it is normal to feel that way. It is not the stoicism of “grin and bear it”; instead, self-compassion is active in offering soothing and comfort to the self (Neff, 2011a). Indeed, “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” (Neff & Germer, 2012, p. 1). As a form of mindfulness, self-compassion works more with motivation: It is goodwill toward ourselves.

Paul Gilbert (2010) has developed Compassion Focused Therapy. His perspective is evolutionary (Gilbert & Proctor, 2006). Here, the goal is to incorporate self-compassion into our lives as a way of coping with “life on life’s terms”. A review of the self-compassion literature will show the amount of interest in the concept from a variety of perspectives.

Growing research supports the effectiveness of self-compassion. Social anxiety has been linked with low self-compassion (Werner et al., 2011). People higher in self-compassion have lower levels of psychological symptoms ($r = -0.54$, $p < .0001$; MacBeth & Gumley, 2012; also Shapira & Mongrain, 2010). There is a protective factor after experiences of trauma (Zeller, Yuval, Nitzan-Assayag, & Bernstein, 2015). It has been suggested as a way to treat people with shame and self-loathing, which characterizes borderline personality disorder (Krawitz, 2012). A qualitative study showed that people experienced self-compassion as a “kind and active process” (Pauley & McPherson, 2010, p. 134). Both mindfulness and self-compassion promote well-being (Gard et al., 2012).

Self-compassion has been found to be beneficial to older adults (Allen, Goldwasser, & Leary, 2012) with greater acceptance of the aging process (Allen & Leary 2013). It promotes positive aging (Phillips & Ferguson, 2013).

Self-compassion provides greater emotional resilience and stability than self-esteem. It involves less intense self-evaluation, ego-defensiveness, and self-enhancement. All this is important to carers because the demands of an unequal relationship places demands on our relationship to ourselves, “Self-compassion is relevant precisely when people feel inadequate or fall flat on their face” (Neff, 2011b). It allows healing (Feldman & Kuyken, 2011).

Self-compassion is not a cure-all. There are limits with people with a history of trauma, abuse, or neglect as a child. Their “inner critic” can be exceptionally harsh, especially in those with traits of personality disorder

(Stevens, 1997). If there is a high level of self-loathing, then Schema Therapy or Dialectical Behavior Therapy may be needed.

Implications in caring for others

It is not easy to care for others—professionally, as a friend or as a parent. Essentially we *have to* put aside our needs and prioritize helping those who are needy and often self-centred. Psychiatrist D. W. Winnicott wrote the 1949 paper “Hate in the Counter-Transference” that such displacement of our needs can naturally result in resentment, even hatred. But such feelings are unacceptable, so we feel shame and are cut-off from ourselves at precisely the point we want to help someone. Winnicott noted, “he must not deny that hate really exists in himself. Hate *that is justified* in the present setting has to be sorted out and kept in storage and available for eventual interpretation.” (p. 70). While our role is not usually that of an analyst, the dynamics are real in every caring setting.

When a rock drops in a small pond the ripples touch the sides. So too there are relational “effects” to practicing self-compassion. Arguably how we relate to ourselves has an impact on how we care for others (Germer, 2009; Mills, Wand, & Fraser, 2015). It is, of course, possible to be more caring of others than of ourselves. This often happens under the banner of professionalism, there is also a risk that negative attitudes will “leak out” and be corrosive on others!

The benefits of self-compassion have been argued (Neff, 2011a). This approach to self has been found to result in greater empathy. Compassion for self and others helps us to understand the “inner state” of the people we care for (Gilbert, 2010). Self-compassionate carers are less likely to experience compassion fatigue because they are more likely to take time off when needed, sleep more, and eat well. High self-compassion helps clergy be less vulnerable to burnout (Barnard & Curry, 2012). It is also helpful for chaplains and health care professionals (Raab, 2014). Another example of how our attitudes will affect others is forgiveness. In one of Neff’s (2011b) studies she found that people higher on self-compassion are more likely to forgive and let go of past hurts. Considerable literature discusses the benefits of forgiveness and interventions to encourage it (Lundahl, Taylor, Stevenson, & Roberts, 2008).

Self-compassion is not positive thinking. Nor is it a set of ideals, or further expectations, to hold up and then to fall short! It is about changing an attitude to ourselves.

Bob worked as a team leader in aged care. He had a very disappointing performance review. He felt that the improvements he had made in the previous year had been discounted. The manager said, “We consider your ‘lowest grade’ to be the best indication of your overall work.” Or course this was unfair and in previous

years Bob would have suffered a blow to his self-esteem and thought seriously about leaving his job. Bob joined a mindfulness group and had been encouraged to do the Buddhist Loving Kindness Meditation for 15 minutes a day. This involved a time when he said to himself, “May I be safe. May I be happy. May I be healthy. May I live with ease. And may I accept myself just as I am.” He had been doing this most days in the months that preceded the harsh evaluation. This helped him to develop an attitude of self-compassion. After feeling the disappointment and pain of that experience, he was able to ‘shift-gears’ to self-compassion. Bob said to himself, “It wasn’t a good year, but I did the best I could with less staff and resources. I feel good about my effort. I am not alone; other employees have suffered negative feedback. I think I did a ‘good enough’ job and it is my assessment of myself that really counts.”

Self-compassionate people are less afraid of failure and rejection (Germer, 2009). Curiously when we accept ourselves we are more willing to change. We can admit we need to change: we can see ourselves with greater honesty and insight. This opens the door to improvement.

Spiritual and theological implications

In Australia spirituality is in, multi-faith is a virtue, but theology is suspect. Why this bad press? There appears to have been a trial by public associations to the words religion and spirituality. Religion has connotations of right belief or dogma, discipleship, ecclesiastical allegiance, and faith practices that can be demanding. There is commonly some idea of final reckoning before a God that evokes “fear and trembling’ (Phil. 2.12). There are positives of course: joy and hope have a place. And I consider it important that many of the greatest minds, who have shaped Western culture, have been theologians (Augustine, Aquinas, Anselm, Luther, Calvin, and Kierkegaard to name a few). But spirituality seems to come with less baggage. You can be an individual, have personal values, and practice whatever brings out the best in you. Although spirituality risks being all inclusive and amorphous, there is a buoyancy that has wide appeal. Spirituality may well displace theology in some of my discourse; however, in this article I would like to draw on James Alison, an influential author in the Roman Catholic theological tradition.

Ultimately any theology of self-compassion will rest on an appreciation of how God *sees* us. Does God *love* us? This seems easy to assert. If you believe in God you would probably say, “Yes, God loves me.” But does God *like* us? Are we likeable? This implies “as we are,” which is more theologically confronting. So I turn to one attempt to articulate a sense of being liked by God. Alison (2003) is an openly gay Roman Catholic priest. As you might imagine, his attempt to be transparent in a largely conservative church has been controversial. Indeed, he was expelled from a religious order. Alison (2003) said in *On being liked*, “God likes us. All of us. God likes me and I like being liked. It has nothing to do with whether we are good or bad, indeed, he

takes it for granted that we are all more or less caught up in the sacred lie” (Alison, 2003, p. 15). We have our categories, which we find hard to look beyond, but God’s category for us is created. And at the very least this means we are worthwhile to God.

Back to the love word. In Christian circles, according to Alison, it can be over used and carries the sense of being forcefully rescued. But behind the word *liked* is an astonishing gentleness. There is a natural link to self-compassion. Alison came to an experience of being emotionally bankrupt as a missionary. He described going from England to Brazil, to minister to those dying of AIDS. Here he came to a realization “what was missing was the ability to like anyone. Either them, or myself.” (2003, p. 67) After a series of steps, Alison discovered a capacity to be liked and to like. In this inherent reciprocity he found, “There is something deeply non-moralistic about this, because it means that we find ourselves learning to receive the other as a gift.” (2003, pp. 75–76).

Ultimately self-compassion is about seeing ourselves “through God’s eyes”—the Creator who likes what he made. Soon after birth, as infants, we can only see ourselves through the responsiveness of a parent or caregiver. This has been called “the looking glass self” (Winnicott, 1971). If this is true about our parents, it is surely equally true about God. Self-compassion is rich for both spirituality and more specifically Christian theology. There are countless biblical and theological themes relevant to self-compassion; “being liked” is not something in isolation, but it is a good start.

Conclusion

There is a rich tapestry in self-compassion. The threads of truth are woven together: the importance of self-care extending to ourselves, the nature of our common humanity, of the healing potential of mindfulness, of the devastation of harsh self-criticism, of this pathway to enhancing care of others, and of the spiritual or theological implications.

References

- Alison, J. (2003). *On being liked*. London, England: Darton, Longman and Todd.
- Allen, A. B., Goldwasser, E. R., & Leary, M. R. (2012). Self-compassion and well-being among older adults. *Self & Identity, 11*(4), 428–453. doi:10.1080/15298868.2011.595082
- Allen, A. B., & Leary, M. R. (2013). Self-compassionate responses to aging. *The Gerontologist, 54*(2), 190–200. doi:10.1093/geront/gns204
- Barnard, L. K., & Curry, J. F. (2012). The relationship of clergy burnout to self-compassion and other personality dimensions. *Pastoral Psychology, 61*(2), 149–163. doi:10.1007/s11089-011-0377-0

- Feldman, C., & Kuyken, W. (2011). Compassion in the landscape of suffering. *Contemporary Buddhism: An Interdisciplinary Journal*, 12(1), 143–155. doi:10.1080/14639947.2011.564831
- Gard, T., Brach, N., Hölzel, B. K., Noggle, J. J., Conboy, L. A., & Lazar, S. W. (2012). Effects of a yoga-based intervention for young adults on quality of life and perceived stress: The potential mediating roles of mindfulness and self-compassion. *The Journal of Positive Psychology*, 7(3), 165–175. doi:10.1080/17439760.2012.667144
- Germer, C. K. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. New York, NY: Guilford Press.
- Gilbert, P. (2010). *Compassion-focused therapy: Distinctive features*. New York, NY: Routledge/Taylor & Francis Group.
- Gilbert, P., & Proctor, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13(6), 353–379. doi:10.1002/(ISSN)1099-0879
- Harris, R. (2011). *The reality slap*. Wollombi, NSW: Exisle Publishing.
- Krawitz, R. (2012). Behavioural treatment of severe chronic self-loathing in people with borderline personality disorder. Part 2: Self-compassion and other interventions. *Australasian Psychiatry*, 20(6), 501–506. doi:10.1177/1039856212459586
- Lundahl, B. W., Taylor, M. J., Stevenson, R., & Roberts, K. D. (2008). Process-based forgiveness interventions: A meta-analytic review. *Research on Social Work Practice*, 18(5), 465–478. doi:10.1177/1049731507313979
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. doi:10.1016/j.cpr.2012.06.003
- Marshall, S. L., Parker, P. D., Ciarrochi, J., Sahdra, B., Jackson, C. J., & Heaven, P. C. L. (2015). Reprint of “Self-compassion protects against the negative effects of low self-esteem: A longitudinal study in a large adolescent sample.” *Personality and Individual Differences*, 81, 201–206. doi:10.1016/j.paid.2014.09.049
- 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(4), 791–793. doi:10.1016/j.ijnurstu.2014.10.009
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223–250. doi:10.1080/15298860309027
- Neff, K. D. (2011a). *Self-compassion: Stop beating yourself up and leave insecurity behind*. London, England: Hodder and Stoughton.
- Neff, K. D. (2011b). Self-compassion, self-esteem and well-being. *Social and Personality Psychology Compass*, 5(1), 1–12. doi:10.1111/spco.2010.5.issue-1
- Neff, K. D., & Germer, C. K. (2012). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 1–12.
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, 139–154. doi:10.1016/j.jrp.2006.03.004
- Pauley, G., & McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(2), 129–143. doi:10.1348/147608309X471000
- Phillips, W., & Ferguson, S. J. (2013). Self-compassion: A resource for positive aging. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 68(4), 529–539. doi:10.1093/geronb/gbs091

- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, 20(3), 95–108. doi:10.1080/08854726.2014.913876
- Ranganathan, A. R., & Todorov, N. (2010). Personality and self-forgiveness: The roles of shame, guilt, empathy and conciliatory behavior. *Journal of Social and Clinical Psychology*, 29(1), 1–22. doi:10.1521/jscp.2010.29.1.1
- Shapira, L. B., & Mongrain, M. (2010). The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *The Journal of Positive Psychology: Dedicated to Furthering Research and Promoting Good Practice*, 5(5), 377–389. doi:10.1080/17439760.2010.516763
- Shonin, E., Van Gordon, W., & Griffiths, M. D. (2014). The psychotherapeutic applications of loving-kindness and compassion meditation. *Thresholds: Journal of the British Association for Counselling & Psychotherapy*, 2014(Spring), 9–12.
- Stevens, B. (1997). Inner critic, outer monster: On the dynamics of narcissistic vulnerability. *Psychotherapy in Australia*, 3(4), 44–48.
- Werner, K. H., Jazaieri, H., Goldin, P. R., Ziv, M., Heimberg, R. G., & Gross, J. J. (2011). Self-compassion and social anxiety disorder. *Anxiety, Stress & Coping: An International Journal*, 25(5), 543–558. doi:10.1080/10615806.2011.608842
- Winnicott, D. W. (1949). Hate in the counter-transference. *The International Journal of Psychoanalysis*, 30, 69–74.
- Winnicott, D. W. (1971). Mirror role of the mother and family in child development. In *Playing and reality* (pp. 111–118). London, England: Tavistock Publications.
- Zeller, M., Yuval, K., Nitzan-Assayag, Y., & Bernstein, A. (2015). Self-compassion in recovery following potentially traumatic stress: Longitudinal study of at-risk youth. *Journal of Abnormal Child Psychology*, 43(4), 645–653. doi:10.1007/s10802-014-9937-y