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Victimization in light of self-compassion: Development towards communal compassion



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ABSTRACT

The discipline of victimslogy emerged and continues to develop in response to the need to analyze the phenomenology of victims of crime. In the last decade, a new trend, positive victimology, has emerged; it emphasizes the role of "positive components" in efforts to promote the rehabilitation and recovery of victims. This perspective stresses the role of society and community in acceptance, encouragement, faith, forgiveness, goodness, gratitude, and compassion towards victims. One positive healing concept that has recently been found valuable for victims' well-being is that of self-compassion. The aim of the current paper was to explore the theory of self-compassion, which was first presented by Kristin D. Neff (2003a), as it applies to the lived experience of victimization. A comprehensive review of literature indicated the presence of uncompassionate responses as central in the lived experience of victims. These components include: (a) self-judgment and self-blame; (b) loneliness and alienation; and (c) over-identification and experiential avoidance. Seeing victimization from this perspective can deepen the understanding of victims' needs to increase compassionate and reduce uncompassionate responding. The present exploration also revealed the need, in the case of victimization, to adopt the notion of communal compassion, which expands the focus from self-compassion to compassion in the community.

1. Introduction

Although victimization is as old as humanity itself, the scientific study of victims of crimes began only after the Second World War. Since then, the discipline of victimology has developed in response to the need to analyze and explain the phenomenology of victims of crime from three main perspectives: positivist victimology, radical victimology, and critical victimology. Positivist victimology focuses on the scientific nature of victimology and predominate objective factors inherent in individuals that are most likely to produce victims. Its main purpose is to identify causality of victimization and to safeguard objectivity (Miers, 1989). The radical victimology perspective concentrates more on the victims' human rights than on the scientific nature of victimology; it calls for examination of the role of the state and the law in producing victimization and for major changes in the social order in order to resolve the problem of victimization (Goodey, 2005). Finally, critical victimology examines the wider social context of victimhood, including analysis of policy responses and services provided to victims of crime (Mawby & Walklate, 1994).

In recent decades, a new trend has emerged in victimology, which emphasizes the phenomenology of the experience and resources of victims as means for their rehabilitation. For example, Ben-David (2000) suggested the victims' victimology approach, which focuses on the subjective viewpoint, needs, wishes, and motivations of victims, in order to provide them with the most appropriate treatment. In a similar vein, Ronel (Ronel, 2015; Ronel & Toren, 2012) conceptualized the perspective of positive victimology. This new perspective calls upon society and the community to adopt "positive components" such as acceptance, encouragement, faith, forgiveness, goodness, gratitude, and compassion, in order to prevent victimization and promote the rehabilitation and recovery of victims. A positive healing element that has recently been found valuable for victims' well-being is that of selfcompassion (e.g., Zeller, Yuval, Nitzan-Assayag, & Bernstein, 2015), which was conceptualized by Kristin Neff (2003a, 2003b), based on a psychological perspective. The present paper explored this notion within the realm of victimology, an endeavor which has not been undertaken to date. First, a brief description of the concept of self-compassion and its benefits, and the research that has been conducted with victims in light of it, is presented.

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2. Self-compassion and victims

Self-compassion is an orientation by which individuals see the world and the self realistically, but kindly, and in a contextualized manner, as supportive of greater well-being (Neff, 2003a; Neff & McGehee, 2010; Vettese, Dyer, Li, & Wekerle, 2011). It reflects a warm, accepting (not over-personalized) approach that is based on kindness, humaneness, and a deliberate and reflective cognitive approach that emphasizes the present, here-and-now experience. Neff (2003a, 2003b, 2016a) described self-compassion as composed of six separate components, three compassionate (positive) and three uncompassionate (negative) responses. Self-kindness refers to an attitude of kindness and understanding towards one's self. This includes being kind and understanding, rather than harsh self-judgment and self-criticism in situations of pain or failure. Self-compassionate people respond to problematic or painful life circumstances with self-kindness and are comforting rather than judgmental. Common humanity involves the ability to perceive one's experiences as part of the larger human condition and recognize that difficulties are a normal part of life. Self-compassionate people perceive their problems in a broad perspective that minimizes feelings of isolation and separateness, or falling into the egocentric fallacy that "it's just me." Finally, mindfulness refers to paying clear attention to painful experiences without over-identifying with them. Mindful people have a balanced approach towards their cognitions and emotions, neither over-identifying with nor avoiding their negative thoughts and feelings. Neff (2016a) perceived the presence of uncompassionate responding (self-judgment, isolation, and over-identification) as a key part of her definition of self-compassion. However, although studies have indicated that individuals who adopted a compassionate frame of mind experienced a decrease in the negative components of self-compassion and an increase in the positive ones (e.g., Neff, 2016b), the positive and negative elements are distinct and should not be seen as poles of the same scale or spectrum. For example, self-compassion intervention might decrease the negative components to a greater extent than it increases the positive ones (Albertson, Neff, & Dill-Shackleford, 2015).

Neff's (2003b) Self-Compassion Scale has been administered in many studies. The results indicated that thinking and acting with selfcompassion have advantageous psychological benefits, including reduced distress, pathology, self-criticism, depression, anxiety and negative affect, and increased well-being, life-satisfaction, social connectedness, emotional intelligence, and happiness (MacBeth & Gumley, 2012; Neff, 2003b). Moreover, individuals with high levels of selfcompassion respond less severely to negative events, have higher positive affect, and enjoy better mental health (Leary, Tate, Adams, Batts Allen, & Hancock, 2007); report greater life satisfaction; and engage in less avoidance strategies following trauma exposure compared with people who are low in self-compassion (Thompson & Waltz, 2008). In addition, high levels of self-compassion are associated positively with mastery goals, which involve the joy of learning for its own sake and individuals with such levels do not demonstrate excessive self-blame for failures and feelings of isolation or over-identify with their failure (Neff, Hsieh, & Dejitterat, 2005). Finally, a brief 3-week period of self-compassion meditation training improved body satisfaction in a multigenerational group of women (Albertson et al., 2015).

The Self-Compassion Scale has been administered to victims in five studies. The first study assessed the relationship between childhood maltreatment and self-compassion among maltreated adolescent victims. The results showed that higher levels of childhood emotional abuse, emotional neglect, and physical abuse were associated with lower levels of self-compassion (Tanaka, Wekerle, Schmuck, Paglia-Boak, & MAP Research Team, 2011). The second study examined the relationship between self-compassion and childhood maltreatment among transition-age youth seeking treatment for problematic substance use. The findings indicated a significant negative relationship between child maltreatment and self-compassion (Vettese et al., 2011).

The third study examined the relationship of childhood abuse with subsequent alcohol problems and adolescent sexual assault in a sample of women attending college. The results revealed an indirect relationship between a history of childhood emotional abuse and alcohol problems, mediated by low levels of self-compassion (Miron, Orcutt, Hannan, & Thompson, 2014). The fourth study investigated the relationship between victimization and psychological maladjustment in adolescents and the role of self-compassion as a mediator of this relationship. It showed that subjects who reported more types of victimization had lower levels of self-compassion (Játiva & Cerezo, 2014). Last, the fifth study examined self-compassion with respect to traumarelated psychopathology over time among samples of at-risk adolescents who had been directly exposed to a fire disaster. The results indicated that greater levels of self-compassion were prospectively predictive of lower levels or less elevation of trauma-related psychopathology symptoms, but not well-being (Zeller et al., 2015). The findings of these studies are consistent with those of other research that has provided evidence of a link between self-compassion and violent crime (see Morley, 2015 for a review).

However, these studies of the connection between self-compassion and victimization focused specifically on maltreatment of children or adolescents at risk, and not on victimization in a broader context. The present paper examined possible connections between self-compassion and other kinds of victimization from the theoretical perspective of victimology.

Examination of the general literature on victims reveals a striking presence of uncompassionate ways of responding (self-judgment, isolation, and over-identification) in their characterizations of the victim experience. The following review demonstrates the prominence of this uncompassionate victim experience, and, in comparison, also highlights several self-perception characteristics that may be particularly relevant to victims, but were mentioned only briefly by Neff (2003a, 2003b). Specifically, it includes self-blame as part of the self-judgment component; alienation as part of the isolation component; and the addition of experiential avoidance as part of the over-identification component.

Finally, as noted, victimological thinking (the radical and critical victimology approaches) views society as deeply involved in the very definition of victimhood. This is particularly prominent in the positive victimology approach, which strongly emphasizes the responsibility of society and community for the consequences of the criminal act, not only the impact on the individual victim. The present paper introduces the notion of *communal compassion*, represented by a compassionate response of the victim's community to its victimized members, which maximizes the process of rehabilitation and reintegration.

2.1. Self-judgment and self-blame

Self-kindness involves the ability to be forgiving, empathetic, sensitive, warm, and patient regarding one's own feelings, thoughts, actions and impulses (Gilbert & Irons, 2005; Neff, 2003b). Self-kindness involves allowing oneself love, happiness, and affection even after failure (Neff, 2003b). Self-judgment is an uncompassionate response; it refers to being harshly self-critical in instances of pain or failure rather than kind and understanding towards oneself (Neff, 2003a, 2003b). Self-judgment leads to rejection of one's own feelings, thoughts, impulses, actions, and worth. It often feels natural to people, so they may be unaware that they could see themselves differently and unlikely to realize that self-judgment is a source of their suffering (Brown, 1998).

The literature of victimology discusses self-judgment and self-blame extensively. Victims often struggle with feelings of self-judgment, blaming themselves for engaging or not engaging in a specific behavior and for bringing negative events upon themselves (Janoff-Bulman, 1979). They often attribute the cause of the event to their own self or actions, even if this is illogical. In the case of traumatic events, they may believe they could have avoided them (Davis, Lehman, Silver, Wortman, & Ellard, 1996). In some cases, this may be the result of just-

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