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Self-compassion protects against the negative effects of low self-esteem: A longitudinal study in a large adolescent sample

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ABSTRACT

Low self-esteem is usually linked to negative outcomes such as poor mental health, but is this always the case? Based on a contextual behavioural model, we reasoned that self-compassion would weaken the link between low self-esteem and low mental health. Self-compassion involves accepting self-doubt, negative self-evaluations and adversity as part of the human condition. In a longitudinal study of 2448 Australian adolescents, we assessed how self-esteem interacted with self-compassion in Grade 9 to predict changes in mental health over the next year. As hypothesized, self-compassion moderated the influence of self-esteem on mental health. Amongst those high in self-compassion, low self-esteem had little effect on mental health, suggesting a potentially potent buffering affect. We discuss the possibility that fostering self-compassion among adolescents can reduce their need for self-esteem in situations that elicit self-doubt.

1. Introduction

"If you want others to be happy, practice compassion. If you want to be happy, practice compassion" (Dalia Lama XIV, The Art of Happiness).

Low self-esteem during adolescence predicts poorer mental health outcomes (Orth, Robins, & Meier, 2009; Orth, Robins, & Roberts, 2008), future suicide attempts (Lewinsohn, Rohde, & Seeley, 1994; Wichstrøm, 2000), and failure to develop positive social support networks (Marshall, Parker, Ciarrochi, & Heaven, 2014). Historically, practitioners working with young people with low self-esteem seek to increase their self-esteem through interventions (Neff, 2009). However, direct attempts to boost self-esteem may lead to young people becoming more narcissistic or antisocial (Baumeister, Smart, & Boden, 1996) and may lead young people to cling to positive self-concepts and avoid challenging learning opportunities that might threaten that concept (Dweck, Chiu, & Hong, 1995; Mueller & Dweck, 1998). An alternative approach is to boost self-compassion which may help young people respond effectively to situations that evoke low self-esteem (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003b).

A great deal of research has examined interventions that attempt to directly increase self-esteem in different domains (O'Mara, Marsh, Craven, & Debus, 2006). The core logic of these interventions is that low self-esteem can become a self-fulfilling prophecy, leading young people to act in negative, unhelpful ways. In other words, low self-esteem is viewed as a cause of problems. Recently, theorists in mindfulness and contextualist traditions have begun to challenge this view (Ciarrochi & Bailey, 2008; Hayes, Strosahl, & Wilson, 2011). Low self-esteem is not seen as inherently causal. Rather, the effect of low self-esteem on outcomes is hypothesized to depend on context.

1.1. A contextual model: different ways of approaching difficult thoughts

Consider the thought, "I am worthless." In one context, young people are encouraged to take such self-evaluations seriously by, for example, being taught that they need high self-esteem to succeed and that low self-esteem is bad for them. Imagine this context also encourages young people to be intolerant of their flaws (e.g.,

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"You always have to be the best you can be.") This is a situation where we would expect thoughts like "I am worthless" to play a strong role in behaviour and to lead to the development of poor mental health. In contrast, consider a compassionate context: The young person is taught that every human is imperfect and feels inadequate sometimes and that, when going through a hard time, everybody can treat themselves with kindness, patience, and forgiveness. In this context, the thought "I am worthless" might have few long-term effects on mental health.

The predictions made here can be understood more formally in terms of Relational Frame Theory (RFT), a modern behavioural account of human language (Hayes, Barnes-Holmes, & Roche, 2001; Törneke, 2010). Figure 1 presents a graphical image of the theory. RFT suggests that low self-esteem beliefs like "I am worthless" are cognitive events under two types of contextual influence: the relational context and the functional context. The relational context governs which relation is established between stimuli in a given moment ("I" and "worthless" are put into a relation of equivalence) while the functional context influences the impact of these words on future behaviour (e.g., "I am worthless" leads to high distress and social withdrawal).

A number of functional contexts are hypothesized to increase the impact of cognitive events on behaviour, including contexts that reinforce seeing thoughts as reasons for doing things or not doing things, taking thoughts literally, clinging to thoughts, or avoiding them. These social/verbal contexts increase the impact of negative thoughts because, in such contexts, the individual and/or the social community treat these thoughts as meaning literally what they say. These are represented in the top part of Fig. 1. If thoughts are taken to be infallible representations of reality (context of literality), they tend to have high impact on behaviour and distress.

Examples of contexts that reduce the impact of cognitive events on behaviour include mindfully seeing them as an ongoing process, accepting thoughts as thoughts, for instance, by noticing how one's body reacts to them; or watching thoughts from a psychologically distant perspective (Kross & Ayduk, 2008); adding paralinguistic or other features that reduce their impact such as singing them, saying them in a silly voice, or repeating them aloud (Masuda, Hayes, Sackett, & Twohig, 2004); or using nonattachment practices that allow release from the tendency to reify personal beliefs as infallible reflections of a fixed, knowable reality (Sahdra, Shaver, & Brown, 2010). These social/verbal contexts decrease the impact of negative thoughts because they are the ones in which the individual and/or the social community treats thoughts as objects of curiosity without assuming they literally mean what they say. These contexts are represented in the bottom part of Fig. 1. If thoughts are not taken to be infallible representations of reality, they have low impact on behaviour and distress.

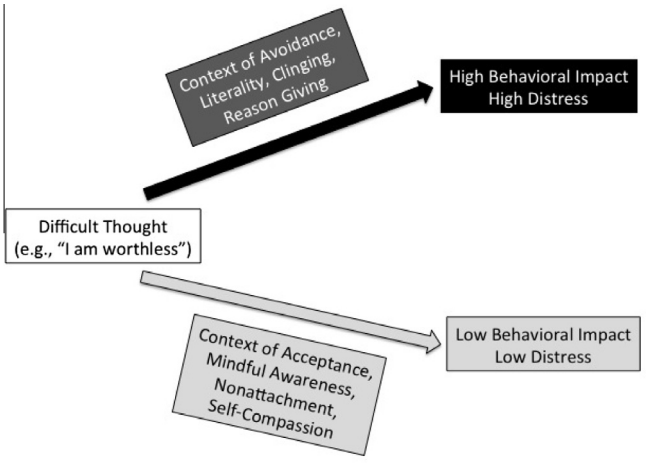

Fig. 1. A contextual model of different ways of relating to difficult thoughts.

These ideas have been most extensively tested in studies examining different components of Acceptance and Commitment Therapy (ACT: Hayes et al., 2011). Levin, Hildebrant, Lillis, and Hayes (2012) reviewed 66 such studies and showed consistent support for this theory. For example, a study by Masuda et al. (2004) found that repeating a negative self-evaluation aloud for 30 s greatly reduced its believability and distressful impact – a finding that has been repeatedly replicated (e.g., Masuda, Feinstein, Wendell, & Sheehan, 2010; Masuda, Twohig, et al., 2010). Similarly a study by Marcks and Woods (2005) found that those who seek to suppress intrusive thoughts are more distressed by them relative to those who accept the intrusive thoughts.

Past theory indicates that self-compassion has clear conceptual overlap with mindfulness and acceptance (e.g., Neff, 2003a). Based on our theoretical discussion above and related empirical studies, it logically follows that low self-esteem will have different associations with mental health in the two contexts of high and low self-compassion.

1.2. The compassionate context

Neff defined self-compassion as comprising three key components exhibited during times of personal suffering and failure: (1) treating oneself kindly, (2) recognising one's struggles as part of the shared human experience, and (3) holding one's painful thoughts and feelings in mindful awareness (Neff, 2003b, 2009). Self-compassion can be distinguished from self-esteem in that it provides a safe and caring context whereby one can connect with the negative aspects of self (Breines & Chen, 2012) without engaging in suppression or exaggeration of these feelings (Neff, Kirkpatrick, & Rude, 2007).

Theoretically, what is important from a self-compassionate perspective is not the negativity of the thoughts, but rather how one chooses to respond to those thoughts when they arise. For example, it is entirely possible to decide to act kindly towards oneself even in the presence of unfavourable thoughts. Indeed recent research (described below) supports suggestions that people high in self-compassion may be less likely to fuse, or become entangled with negative self-concepts.

Leary et al. (2007) undertook a series of experiments to examine the cognitive and emotional processes by which self-compassionate people deal with negative life events. They found that self-compassion acted as a buffer against negative emotions when people engaged in an interpersonal event involving unfavourable self-evaluation. This finding was particularly notable for participants low in self-esteem. They also found that self-compassion allowed individuals to acknowledge their personal role in negative events, whilst maintaining a broader perspective on negative self-concepts. Importantly, self-compassionate people appeared able to take an accepting and open stance to undesirable aspects of self, without becoming caught up in negative thoughts and defensive behaviour (Leary et al., 2007).

Breines and Chen (2012) conducted four experiments that examined how self-compassion moderates peoples' response to a variety of negative, ego-threatening situations. They found that experimentally induced self-compassion increased the belief that shortcomings can be changed, the desire to make amends and avoid repeating a moral transgression, effort in studying for a test following failure, and motivation to improve a personal weakness. Thus, in the context of self-compassion, negative events were associated with positive response. A similar effect has also been demonstrated in a clinical trial. Luoma, Kohlenberg, Hayes, and