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Mindful Self-Compassion (MSC)

Christopher Germer & Kristin Neff

Over the past three decades, mindfulness has become part of mainstream Western culture (Williams & Kabat-Zinn, 2011). Compassion has always been an implicit aspect of mindfulness training insofar as we can only be truly mindful when our awareness is warm and kind. More recently, training programs have been developed within the secular, scientific paradigm that *explicitly* teach compassion (Gilbert, 2009; Jazairi et al., 2013; Pace et al., 2009; van den Brink & Koster, 2015). Mindful Self-Compassion (MSC) is one of those programs.

MSC is a combination of mindfulness and compassion training—a *mindfulness-based self-compassion training program*. MSC relies on mindfulness because we need to know when we're suffering in order to bring kindness to our experience and to ourselves. Self-compassion training also tends to activate difficult emotions, at least in the initial phases of practice, so we need mindfulness to help anchor and stabilize our awareness. Finally, mindfulness training helps to cultivate spacious awareness and equanimity as a basis for compassionate action.

MSC is also a mix of personal development training and psychotherapy. It is primarily a *resource-building* program designed for the general public to enhance our capacity for self-compassion. MSC does not focus on healing old wounds as in psychotherapy. However, when we give ourselves kindness and understanding, we inevitably uncover events in our lives when we were not treated with kindness and understanding. MSC becomes therapeutic to the extent that we meet those old wounds in a new way – with mindfulness and self-compassion.

MSC was developed by two psychologists, Chris Germer and Kristin Neff. Chris is a clinical psychologist who has been working for decades to integrate mindfulness into psychotherapy (Germer, Siegel & Fulton, 2016). Kristin is a pioneering researcher in self-compassion (Neff, 2003a). When they met in 2008, Kristin and Chris wondered if self-compassion could be explicitly taught using a structured curriculum like Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy. The first MSC program took place in 2010 and a randomized controlled trial of the program was completed two years later (Neff & Germer, 2013). MSC is now being taught by hundreds of trained teachers worldwide.

Both Chris and Kristin have been practising mindfulness meditation for most of their adult lives. The necessity of self-compassion became clear to them as they brought mindfulness to bear on their own difficulties. For Kristin, it was the stress of parenting a child with autism, and for Chris, it was the challenge of public speaking anxiety. Self-compassion adds a special element to mindfulness training. Whereas mindfulness is mostly the practice of loving awareness of moment-to-moment *experience*, self-compassion is loving awareness of the *experiencer*. This shift in focus is crucial when we are caught in the grip of intense and disturbing emotions. Sometimes we first need to hold *ourselves* before we can hold our experience in tender awareness.

Theory and Research on Self-Compassion

The construct of self-compassion is drawn from Buddhist psychology, and was first operationally defined and introduced into the psychological literature over a decade ago. Neff (2003b, 2016) proposes that self-compassion is a type of self-to-self relating that represents a compassionate rather than uncompassionate stance toward the self when faced with personal suffering: self-kindness versus self-judgment, a sense of common humanity versus isolation, and

mindfulness versus over-identification. These components combine and mutually interact to create a self-compassionate frame of mind. Self-kindness entails being gentle, supportive and understanding towards oneself. Rather than harshly judging oneself for personal shortcomings, the self is offered warmth and unconditional acceptance. Common humanity involves recognizing the shared human experience, understanding that all humans fail and make mistakes, that all people lead imperfect lives. Rather than feeling isolated by one's imperfection - egocentrically feeling as if "I" am the only one who has failed or am suffering - one takes a broader and more connected perspective with regard to personal shortcomings and individual difficulties. Mindfulness involves being aware of one's present moment experience of suffering with clarity and balance, without running away with a dramatic storyline about negative aspects of oneself or one's life experience - a process that is termed "over-identification." The various elements of self-compassion are conceptually distinct and tap into different ways that individuals emotionally respond to pain and failure (with kindness or judgment), cognitively understand their predicament (as part of the human experience or as isolating), and pay attention to suffering (in a mindful or over-identified manner). Self-compassion can be directed towards the self when suffering occurs through no fault of one's own - when the external circumstances of life are simply painful or difficult to bear. Self-compassion is equally relevant, however, when suffering stems from one's own imprudent actions or personal failures.

Self-compassion has received considerable research attention over the past decade. The vast majority of research has been conducted with the Self-Compassion Scale (SCS; Neff, 2003a), which can be used to assess the three positive and three negative components of self-compassion separately, or else as an overall construct (Neff, Whittaker & Karl, 2017). Increasingly, however, studies of interventions or else lab-based experimental manipulations of

self-compassion are being used to study its impact on wellbeing. Research typically shows that self-compassion is positively associated with psychological health (Barnard & Curry, 2011; Zessin, Dickhauser & Garbadee, 2015). In fact, one meta-analysis (MacBeth & Gumley, 2012) found a large effect size when examining the inverse relationship between self-compassion and depression, anxiety, and stress in 20 studies. Moreover, self-compassion is directly associated with psychological strengths such as happiness, optimism, and life satisfaction (Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007), as well as being linked to increased motivation, health behaviors, positive body image, and resilient coping (e.g., Albertson, Neff, & Dill-Shackleford, 2014; Allen, Goldwasser & Leary, 2012; Breines & Chen, 2012; Sbarra, Smith & Mehl, 2012). While self-compassion involves recognizing one's own needs and caring for oneself in times of suffering, this is not done in a self-centered or individualistic manner. For instance, self-compassionate individuals are more likely to forgive others, take their perspective and be altruistic than those who lack self-compassion (Neff & Pommier, 2013). Neff and Beretvas (2013) found that people high in self-compassion are described by romantic partners as more emotionally connected and supportive and less detached and controlling than those low in self-compassion.

Paradoxical Learning

A subtle challenge emerges when we add self-compassion to mindfulness training. The element of intentionally warming up awareness in self-compassion training, rather than simply opening to whatever is present while practicing mindfulness, can seduce practitioners into striving to feel better. Practised correctly, however, self-compassion and mindfulness both help us to let go of unnecessary struggle. Self-compassion training may be more *intentional* than mindfulness training but it is not more *effortful*. The heart learns to “melt” in the heat of

suffering (i.e., resistance to moment-to-moment experience is abandoned with a warm, loving attitude), much like the heart of a parent toward a child with the 48 hour flu. The parent doesn't give the child compassion in order to drive the flu out. It's going to take 48 hours to pass regardless. Rather, the parent cares for the child because they are sick, and wishes to comfort the child. The central paradox of self-compassion training is: "When we suffer, we practice not to feel better but *because* we feel bad." Self-compassion is an inclination of heart—an attitude of warmth, curiosity, connection and care. Learning to become more self-compassionate is a process of moving from striving to change our experience and ourselves toward embracing who we are already.

Another paradox of self-compassion training is that "when we give ourselves unconditional love, we discover the conditions under which we were unloved." Although self-compassion generates positive emotions in the long run, unpleasant emotions such as grief or shame are likely to emerge during self-compassion training. Why does this happen? One explanation is that we require contrast to know anything—we can only become aware of light because we know dark or hot because we know cold. Similarly, if I say to myself, "May I love myself just as I am," I may remember old messages telling me the opposite: "Don't be so full of yourself!" or "There you go again, you're always getting it wrong."

A metaphor for this phenomenon is *backdraft*. Backdraft occurs when a firefighter opens a door with a fire behind it. When oxygen is introduced to the fire, the fire intensifies. A similar effect can occur when we practice self-compassion. When our hearts are hot with suffering—self-criticism, self-doubt—kind words can open the door of our hearts causing old wounds to resurface. The saying is, "Love reveals everything unlike itself." Those feelings are not *created*

by self-compassion—we're simply re-experiencing them in the relative safety of our current lives.

Backdraft is part of the healing process. We have an opportunity to heal relational wounds when we treat them with kindness and understanding. Backdraft is not inherently difficult – it's our innate *resistance* to backdraft that makes it a problem. Mindfulness and self-compassion help us to meet backdraft with less resistance and, hence, less suffering.

The effectiveness of the MSC program depends, in part, on participants learning how to work with backdraft and also learning to practice self-compassion as a spontaneous response to suffering rather than as a strategy to directly change who we are or manipulate how we feel.

Structure of MSC

A typical MSC group consists of 10-25 participants in a classroom setting for 8 sessions, each 2 3/4 hours long, plus a 4-hour silent retreat. There are 1-2 teachers depending on the size of the group and, as a safety precaution, the group is either co-led or assisted by a mental health professional.

MSC participants learn mindfulness and self-compassion through a variety of modalities including talks, exercises, meditations, informal practices, discussion, poetry and videos. Participants are taught 3 core meditations, 4 other meditations, and 18 informal practices for daily life—25 practices in all. All the practices blend mindfulness with loving-kindness or self-compassion. At least 30 minutes per day of home practice is encouraged during the 8-week program, either formally (in meditation) or informally throughout the day. Participants are also taught the *principles* of self-compassion training so they can guide their own practice after the program has ended.

Self-compassion is also taught relationally in MSC—by how teachers embody self-compassion and interact with their students. There is an “inquiry” period after each class exercise and practice in which students engage with teachers, one at a time, and share what they directly experienced in the preceding practice. Emotional resonance is the foundation of inquiry, or the participant’s sense of “feeling felt” (Siegel & Hartzell, 2013, p. 70) by the teacher. Teachers also create a “culture of kindness” in the classroom that enables students to feel safe and willing to bring compassion to themselves. Some students first need to feel compassion from *others*—teachers and other participants—before they can include themselves in a compassionate embrace.

Overview of the Curriculum

The MSC program is carefully scaffolded so that the themes and practices of each session build upon the previous sessions. The sessions are:

- *Session 1 - Discovering Mindful Self-Compassion:* A welcome session, introducing the participants to the course and to one another. Session 1 also provides a conceptual introduction to self-compassion with informal practices that can be practiced during the week.
- *Session 2 - Practicing Mindfulness:* Anchors the program in mindfulness. Formal and informal mindfulness practices are taught to participants as well as the rationale for mindfulness in MSC. Participants learn about “resistance” and “backdraft” and how to manage backdraft with mindfulness practices. Sessions 1 and 2 include more didactic material than subsequent sessions in order to establish a conceptual foundation for the entire course.
- *Session 3 – Practicing Loving-Kindness:* Introduces loving-kindness and the intentional practice of warming up awareness. Loving-kindness is cultivated before compassion

because it is less challenging. Participants get a chance to discover their own loving-kindness and compassion phrases for use in meditation. An interpersonal exercise helps develop safety and trust in the group.

- *Session 4 - Discovering Your Compassionate Voice:* Broadens loving-kindness meditation into a compassionate conversation with ourselves, especially how to motivate ourselves with kindness rather than self-criticism. By session 4, many participants discover that self-compassion is more challenging than expected so we explore what “progress” means and encourage participants to practice compassion for themselves when they stumble or feel like they are failing to learn self-compassion.
- *Session 5 - Living Deeply:* Focuses on core values and the skill of compassionate listening. These topics and practices are less emotionally challenging than others in the course, and are introduced in the middle of the program to give participants an emotional break while still deepening the practice of self-compassion.
- *Retreat:* A chance for students to immerse themselves in the practices already learned and apply them to whatever arises in the mind during 4 hours of silence. Some new practices are introduced, including ones that provide an opportunity for physical activity such as mindfully enjoying nature and compassionate walking,
- *Session 6 – Meeting Difficult Emotions:* Gives students an opportunity to test and refine their skills by applying them to difficult emotions. Students learn 3 strategies for addressing difficult emotions: labeling and finding emotion in the body, two traditional mindfulness practices, plus a compassion practice called soften-soothe-allow in which we are kind and tender to ourselves because we are experiencing difficult emotions. The emotion of shame is described and demystified in this session because shame is so often

associated with self-criticism and is entangled with sticky emotions such as guilt and anger.

- *Session 7- Exploring Challenging Relationships:* Relationships are the source of much of our emotional pain. This is the most emotionally activating session in the course but most students are ready for it after practicing mindful self-compassion for 6-7 weeks. Themes of Session 7 are anger in relationships, caregiver fatigue, and forgiveness. Rather than trying to repair old relationships, students learn to meet and hold their emotional needs, and *themselves*, with more compassion.
- *Session 8 – Embracing Your Life:* Brings the course to a close with positive psychology and the practices of savoring, gratitude, and self-appreciation—three ways to embrace the good in our lives. To sustain self-compassion practice, we need to recognize and enjoy positive experiences as well. At the end of the course, students are invited to review what they have learned, what they would like to remember, and what they would like to practice after the course has ended.

Session Outline

MSC is an experiential learning program. The general sequence of activities in each session is:

- *Opening Meditation:* We begin with meditation to refresh the practices for the students and to establish a receptive frame of mind for learning during the session. The core meditations – Affectionate Breathing, Loving-kindness for Ourselves, and Giving and Receiving Compassion (see below) - are repeated 2-3 times during the course. Opening meditations are usually 20 minutes long, followed by inquiry.

- *Home Practice Discussion:* Participants are encouraged to share their insights and challenges from the previous week, and learn how to motivate themselves to practice regularly with kindness and compassion rather than as an obligation or a chore.
- *Topic:* MSC contains 26 didactic topics that are delivered as succinctly and interactively as possible, usually in less than 15 minutes each. Didactic topics open the door to practice. Examples of topics are the relationship of mindfulness to self-compassion, letting go of resistance, finding personal loving-kindness phrases, stages of progress, core values, compassionate listening, shame, caregiver fatigue, and self-appreciation.
- *Practice or Exercise:* Practices include formal meditations and informal practices for daily life. An example of an informal practice is the Self-Compassion Break (see below). Class exercises are used to illustrate topics. Students are not encouraged to practice class exercises when they are home because the exercises can be emotionally activating.
- *Break:* A 15-minute break is essential for students to refresh themselves.
- *Topic:* A second topic is often presented after the break.
- *Practice or Exercise:* Another practice is usually offered after the break, or an exercise is introduced to illustrate the new topic.
- *Review and Closing:* Students are reminded about what they just learned in the session, what practices are encouraged to try at home, and the session closes with a poem, a silent reflection, or by ringing a bell.

Sample Practices

Self-Compassion Break

This informal practice is taught in Session 1 after students are introduced to the three components of self-compassion. It gives a direct experience of the 3 components and also shows

how self-compassion can be evoked through language. The Self-Compassion Break is taught as a reflective exercise in the program. The individual components of the Self-Compassion Break can be applied either singly or in combination in daily life in response to stress.

- When you notice that you're feeling stress or emotional discomfort, see if you can find the discomfort in your body. Where do you feel it the most? Make contact with the discomfort that you feel in your body. Then say to yourself, slowly and kindly:

- *"This is a moment of suffering"*

That's mindfulness. Other options include:

- *This hurts.*
- *Ouch!*
- *This is stressful.*

- *"Suffering is a part of life"*

That's common humanity. Other options include:

- *I'm not alone. Others are just like me.*
- *We all struggle in our lives*
- *This is how it feels when a person struggles in this way*

- *"May I be kind to myself"*

That's self-kindness. Other options might be:

- *May I give myself what I need.*
- *May I accept myself as I am*
- *May I learn to accept myself as I am*
- *May I forgive myself*
- *May I be strong*

- *May I be patient*
- *May I live in love*

If you're having difficulty finding the right words, imagine that a dear friend or loved one is having the same problem as you. What would you say to this person, heart-to-heart? If your friend were to hold just a few of your words in their mind, what would you like them to be? What message would you like to deliver?

(pause) Now, can you offer the same message to yourself?

Giving and Receiving Meditation

Giving and Receiving is a core meditation in the MSC program. It is taught in Session 5 as a support to compassionate listening, and again in Session 7 as a practice that caregivers can apply on the job to prevent caregiver fatigue.

Savoring the Breath

- Please sit comfortably, closing your eyes, and if you like, putting a hand over your heart or another soothing place as a reminder to bring not just awareness, but *loving* awareness, to your experience and to yourself.
- Taking a few deep, relaxing breaths, noticing how your breath nourishes your body as you inhale and soothes your body as you exhale.
- Now letting your breathing find its own natural rhythm. Continue feeling the sensation of breathing in and breathing out. If you like, allowing yourself to be gently rocked and caressed by the rhythm of your breathing.

Warming Up Awareness

- Now, focusing your attention on your *in-breath*, letting yourself savor the sensation of breathing in, noticing how your in-breath nourishes your body, breath after breath...and then releasing your breath.
- As you breathe, breathing in kindness and compassion for yourself...whatever you need. Just feel the quality of kindness and compassion as you breathe in—letting your breath be warm and kind—or if you prefer, letting a word or image ride on your breathing.
- Now, shifting your focus now to your *out-breath*, feeling your body breathe out, feeling the ease of exhalation.
- Please call to mind *someone whom you love* or *someone who is struggling and needs compassion*. Visualize that person clearly in your mind.
- Begin directing your out-breath to this person, offering the ease of breathing out.
- If you wish, sending kindness and compassion to this person with each outbreath, one breath after another.

In for Me, Out for You

- Now focusing again on the sensation of breathing *both* in and out, savoring the sensation of breathing in and out.
- Beginning to breath in for yourself and out for the other person. “In for me and out for you.” “One for me and one for you.”
- And as you breathe, feel free to change the degree to which you focus on yourself (“Two for me and one for you.”) or the other person (“One for me and three for you.”), or just let it be an equal flow—whatever feels right in the moment.
- Letting go of any unnecessary effort, allowing this meditation to be as easy as breathing.

- Allowing your breath to flow in and out, like the gentle movement of the sea - a limitless, boundless flow - flowing in and flowing out. Letting yourself be a *part* of this limitless, boundless flow. An ocean of compassion.
- Gently opening your eyes.

Research on MSC

There is increasing evidence to suggest that MSC is effective at increasing self-compassion and other aspects of psychological wellbeing. Neff and Germer (2013) conducted a randomized controlled study of the MSC program that compared outcomes for individuals randomized either to the MSC program or a waitlist control group (N=52). Participants from both groups were asked to complete a series of self-report scales two weeks before and after the MSC program, while MSC participants were also assessed after six months and again one year later. MSC participants demonstrated significantly greater increases in self-compassion, mindfulness, compassion for others, and life satisfaction, as well as greater decreases in depression, anxiety, stress, and emotional avoidance compared to controls. Moreover, all gains in self-compassion were maintained six months and one year later. The degree to which MSC participants practiced formal meditation or informal self-compassion techniques in daily life were equally predictive of gains in self-compassion. This suggests that self-compassion is teachable skill that is “dose dependent.” The more you practice it the more you learn it, but it doesn't matter if this is on the cushion or in the supermarket.

A second randomized controlled trial of MSC was conducted by Friis, Johnson, Cutfield and Consedine (2016), which examined people suffering from type 1 and type 2 diabetes (N = 63) and compared outcomes for those randomized to MSC to a wait-list control condition.

It was found that MSC participants demonstrated a significantly greater increase in self-compassion and decrease in depression and diabetes distress compared to controls. Also, MSC participants averaged a clinically and statistically meaningful decrease in HbA_{1c} (reflecting change in blood glucose levels) between baseline and three-month follow-up, whereas the control group did not. These findings suggest that MSC may have both emotional and metabolic benefits among patients with diabetes.

An adaptation of MSC for adolescents has been created by Lorraine Hobbs and Karen Bluth called *Making Friends with Yourself* (MFY; Bluth, Gaylord, Campo, Mullarkey and Hobbs, 2016). This eight-week course roughly parallels the themes and structure of the adult program. It differs mainly in that classes are shorter and more activity based, and guided meditations are shorter, meaning that they are more developmentally appropriate. Bluth and colleagues conducted a mixed-methods study of MFY with adolescents who were randomized to MFY or a wait-list control condition (N = 34). Participants in MFY reported significantly greater gains in self-compassion and life satisfaction and decreases in depression compared to controls, with trends toward significance in terms of increased mindfulness and social connection and decreased anxiety. Given the small sample size, these trends likely would have been significant with more participants. Teens also generally gave positive feedback about the program. These findings are encouraging and suggest that it is possible to teach skills of Mindful Self-Compassion at an early age.

Finally, research has been conducted on brief self-compassion training based on the MSC protocol, in which informal practices from the MSC program were taught, but not formal meditation. Smeets, Neff, Alberts and Peters (2014) randomized female undergraduates (N = 49) to a self-compassion intervention or active time management control group. Both groups

met for three consecutive weeks, with two sessions lasting 90 minutes and a closing session lasting 45 minutes. It was found that the brief MSC intervention led to significantly greater increases in self-compassion, mindfulness, optimism and self-efficacy, as well as significantly greater decreases in rumination compared to the control group.

The success of this training suggests that self-compassion may be taught in briefer formats, and also formats that do not require formal meditation practice. For this reason, the authors of this manual are currently pilot testing brief versions of MSC for populations such as teachers or health care workers at risk of burnout, and people suffering from chronic pain. It remains to be seen how much practice is needed to learn the new habit of self-compassion in a way that makes an impact on wellbeing.

Resources

Online

www.centerformsc.org

- Information about MSC programs around the world, a live online MSC course, and other activities related to self-compassion.
- Audio and video recordings by senior MSC teachers.
- Information on how to become a MSC teacher.

www.self-compassion.org

- Up-to-date bibliography of research on self-compassion.
- Audio and video recordings by Kristin Neff.

www.chrisgermer.com

- Additional materials for self-compassion practice by Chris Germer.

Articles

- Friis, A. M., Johnson, M. H., Cutfield, R. G., & Consedine, N. S. (2016). Kindness matters: a randomized controlled trial of a mindful self-compassion intervention improves depression, distress, and HbA1c among patients with diabetes. *Diabetes Care*, dc160416
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856-867.
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28-44.

Books

- Germer, C. (2009). *The mindful path to self-compassion*. New York: Guilford Press.
- Germer, C. & Neff, K. (2019). *Mindful Self-Compassion: Professional training manual*. New York: Guilford Press.
- Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself*. New York: William Morrow.
- Neff, K. & Germer, K. (2019). *The Mindful Self-Compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. New York: Guilford Press.

References

- Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2014). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, 1-11.
- Allen, A. B., Goldwasser, E. R., & Leary, M. R. (2012). Self-compassion and wellbeing among older adults. *Self and Identity*, DOI: 10.1080/15298868.2011.595082.

- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology, 15*(4), 289–303.
- Bluth, K., Gaylord, S. A., Campo, R. A., Mullarkey, M. C., & Hobbs, L. (2015). Making Friends with Yourself: A mixed methods pilot study of a Mindful Self-Compassion program for adolescents. *Mindfulness, 1*-14.
- Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin, 38*(9), 1133-1143.
- Friis, A. M., Johnson, M. H., Cutfield, R. G., & Consedine, N. S. (2016). Kindness matters: a randomized controlled trial of a mindful self-compassion intervention improves depression, distress, and HbA1c among patients with diabetes. *Diabetes Care, dc160416*.
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (2016). *Mindfulness and psychotherapy*. Guilford Publications.
- Gilbert, P. (2009). *The compassionate mind*. London: Constable.
- Hollis-Walker, L., & Colosimo, K. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences, 50*, 222-227.
- Jazaieri, H., Jinpa, G. T., McGonigal, K., Rosenberg, E. L., Finkelstein, J., Simon-Thomas, E., ... & Goldin, P. R. (2013). Enhancing compassion: a randomized controlled trial of a compassion cultivation training program. *Journal of Happiness Studies, 14*(4), 1113-1126.

- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*, 545-552.
- Neff, K. D. (2003a). Development and validation of a scale to measure self-compassion. *Self and Identity, 2*, 223-250.
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*, 85-102.
- Neff, K. D. (2016). The Self-Compassion Scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness, 7*(1), 264-274.
- Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity, 12*(1), 78-98.
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology, 69*(1), 28-44.
- Neff, K. D., Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity, 12*(2), 160-176.
- Neff, K. D., & Rude, S. S., & Kirkpatrick, K. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality, 41*, 908-916.
- Neff, K. D., Whittaker, T. & Karl, A. (2017). Evaluating the factor structure of the Self-Compassion Scale in four distinct populations: Is the use of a total self-compassion score justified? *Journal of Personality Assessment, 99*(6), 596-607.

- Pace, T. W., Negi, L. T., Adame, D. D., Cole, S. P., Sivilli, T. I., Brown, T. D., ... & Raison, C. L. (2009). Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress. *Psychoneuroendocrinology*, *34*(1), 87-98.
- Sbarra, D. A., Smith, H. L. & Mehl, M. R. (2012). When leaving your Ex, love yourself: Observational ratings of self-compassion predict the course of emotional recovery following marital separation. *Psychological Science*. *23*(3), 261–269.
- Siegel, D. & Hartzell, M. (2013). *Parenting from the inside out*. New York: Tarcher/Perigree
- Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, *70*(9), 794-807.
- van den Brink, E. & Koster, F. (2015). *Mindfulness-based Compassionate Living: A new training programme to deepen mindfulness with heartfulness*. London: Routledge.
- Williams, J. M. G., & Kabat-Zinn, J. (2011). Mindfulness: diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma. *Contemporary Buddhism*, *12*(01), 1-18.
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, *7*(3), 340-364.

Mindful Self-Compassion (MSC) is an empirically-supported 8-week course designed to cultivate the skill of self-compassion. MSC combines the skills of mindfulness and self-compassion to enhance our capacity for emotional wellbeing. The course was developed through the clinical expertise of Dr Chris Germer and Dr Kristin Neff, a pioneering researcher in the field of self-compassion. The three key components of self-compassion are self-kindness, a sense of common humanity, and balanced, mindful awareness. Kindness opens our hearts to suffering, so we can give ourselves what we need. Common human Booking MSC Courses. Mindful Self-Compassion Training Courses. The next MSC Training. Date: 9 Oct – 27 Nov 2019. Time: 5.15 – 8.15pm. Venue: The Yoga Sanctuary, Belair Drive, Constantia. Cost: R6400. The cost includes the 8-week training, the manual of all the practices, the retreat, an assessment for the MSC Course and access to the Practice Group. Some scholarship places available. Each evening is facilitated by the more experienced MSC practitioners. The evening begins with a core meditation, a sharing of how our practice is going and a poem.