The Self-Compassionate Leader: Escaping the Self-esteem Trap

Abstract: Leaders are encouraged to perform. Naturally. But this comes at a cost. In a context of constant evaluation, this paper considers how we evaluate ourselves. Does it matter? Most of us have experienced the fragility of ‘feeling good’ based on self-esteem. Self-compassion is a ‘3rd wave’ Cognitive Behavioural Therapy with a growing base of research showing effectiveness. Changing our attitude to self from self-esteem to self-compassion can reap profound benefits for leadership: maintaining robustness in the face of set-backs, being more open about what needs to change, and enhancing empathy in relationships.

Professor Bruce A Stevens (PhD, Boston U, 1987) is a Clinical and Forensic Psychologist. He holds the Wicking Chair of Ageing and Practical Theology and is director of the Centre for Ageing and Pastoral Studies at Charles Sturt University/ St Marks Canberra. He was ordained in the Anglican Church. He has seen patients at Canberra Clinical and Forensic Psychology for over 25 years and has taught in the MA Pastoral Counselling and MA Lead programs at Southern Cross College (now Alphacrucis).
Introduction

A story. Pastor Brad began his Christian journey in a large city church. He was converted through their high school ministry, quickly became a leader in the youth group and was encouraged by the senior pastor to go to Bible School, first Hillsong and then Alphacrucis. After graduation he had five successful years as a youth pastor in a large church, then two years as an associate pastor. In that period he married a pretty girl from the youth group and three children soon followed. He was considered a ‘rising star’ in the movement with lots of speaking engagements. He was called from the large church to be senior pastor of a thriving church of 200+ in another city and then his problems began. He inherited a youth pastor who was disappointed that he did not get the call to become senior pastor, but he did get ‘guidance’ to take about half the church to start an independent church 500 meters away! A few months later Pastor Brad was advised by his GP that he was depressed and prescribed Aurorix, an anti-depressant medication. Brad resisted this and instead went to talk to a Christian Psychologist. After a few sessions the psychologist informed Brad that while he was compassionate to others, he was “hard on himself”.

Brad’s story is not just one story but a thousand stories. Like me you know plenty of pastors or leaders like Brad – and maybe you have had a similar journey?

Brad had a crisis of self-esteem. We tend to accept the ‘treadmill’ of self-esteem as normal. After all, we expect a lot of ourselves. And we judge ourselves harshly when we fall short. This raises an important question about caring for ourselves as leaders and introduces the theme of self-compassion. You cannot bypass how you feel about yourself if you are to be an effective leader. Clearly we do not lead in isolation… not from others, not from ourselves.

Reflect: Imagine you have left your house and are walking to your car. You reach for your keys and find you have left them in the house. What do you say to yourself? If it is me, forgetting something is not that unusual and my self-talk might include words like “stupid”.

In this paper I will introduce the concept of self-compassion contrasting it with self-esteem, outlining three basic principles, then examine the corrosive impact of the inner critic on our wellbeing, and finally look at some spiritual aspects of such a journey of transforming attitudes to the self.

1. Self-compassion not Self-esteem

Few of us will travel the road to ‘goal fulfilment’ without a few potholes. Or washed out bridges. Or even a spectacular failure like falling in a gorge.

Leaders often make success the basis for their self-esteem. It is a trap. Do I need to be better-than-average to feel good about myself? Can we all be better than average – in everything? As a child I was without talent in sport: one of the last picked for any sporting
team. As an academic I now spend about half my time applying for competitive research grants. I applied for $230,000 last year and ended up with nothing.

The problem with self-esteem is that it is based on performance. I need the ‘wins’ to feel good. And I need to keep winning. Every challenge becomes a contest with the self: Will I emerge feeling better about myself? Or worse?

Think about an Olympic athlete. He or she sacrifices a normal childhood to represent their country, like Cathy Freeman with the eyes of the world on her. There are more athletes than gold medals, but maybe winning makes it all worthwhile. It represents an incredible boost to self-esteem with the reward of celebrity – but is it the best foundation for being a leader? What happens when someone in the world is faster? Or your record is broken? Clearly no one has the capacity to maintain self-esteem based performance as an athlete.

There are other pitfalls in self-esteem (Neff, 2011b). If we fall short or if standout performance ends, what then? Do I protect a fragile ego by looking for someone to blame? Or bully? Or at the other extreme, even if I am really good at something and can maintain it (say like Rupert Murdoch), how do I escape being grandiose and holding myself as better than others? I know something of the experience of narcissism, which can be fueled by successes but is highly fragile and at times completely unrealistic or even slightly absurd.

We need a better basis than contingent self-esteem for that important relationship with ourselves. Can we extend kindness to ourselves when we are disappointed, feel a failure, or rejected and hurting? We know self-criticism doesn’t help but sometimes it is automatic and hard to stop. Instead we can 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 behavior, can we forgive ourselves? (Rangganadhan & Todorov, 2010)

In the West we tend to see compassion as a gift and bestowing it on ourselves seems selfish or inappropriate. But in the East, with a rich meditative tradition, as seen compassion as a skill to be cultivated (Salzberg in Germer, 2009).

There is also the disciplined attention of mindfulness which has influenced the ‘3rd wave’ cognitive behavioural therapies which include Acceptance and Commitment Therapy, Mindfulness Based Cognitive Therapy, Dialectical Behavioural Therapy and Compassion Focused Therapy. All share a focus on relieving psychological distress through changing the person’s relationship to their problems. These two streams flow together in mindfulness based self-compassion. Indeed it may suggest a common mechanism (MacBeth & Gumley, 2012).

2. Characteristics of Self-compassion

Self-compassion is in its relative infancy. One of the leading researchers is Kristen Neff (www.self-compassion.org). There is a useful scale on her website. Another influential
author is Paul Gilbert (2010) who has developed Compassion Focused Therapy. His perspective is more evolutionary (Gilbert & Proctor, 2006). For Gilbert the goal is to incorporate self-compassion into our lives as a way of coping with “life on life’s terms”.

Kristin Neff has articulated three principles of Self-compassion. You might consider them three doors to 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 especially a close friend), but this leads to psychological bruises, at the least, and at worst to self-destructive urges. Remember the movie *Fight Club* (1999) when the realization eventually comes that people are hitting themselves and not an opponent. The person we most often injure through self-criticism is ourselves!

2. **Feelings of common humanity versus isolation.** Why me? This is an isolating question. The alternative is to see your experiences as part of the human experience. To be human is to err… to be imperfect. Understanding this can help us to feel connected to imperfect humanity. Christians should find this easy to accept “all have sinned and fall short of the glory of God” (Romans 3: 23). Eastern religions recognize being finite or limited – but again being human. Created in the image of God but fallen. This is our common ground.

3. **Mindfulness versus over identification.** There has been a mindfulness revolution in mental health circles. Mindfulness involves being aware of the present moment. To intentionally notice. This helps to tame racing thoughts and rumination. It is also accepting of reality. What changes is the relationship to negative thoughts which are associated with depression or anxiety. 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, et al., 2007). The goal is to establish a different relationship to painful thoughts and feelings; not to challenge but to accept (Germer, 2009). For other approaches including dimensions of care, soothing, sympathy, empathy and non-judgment, see Paul Gilbert (2009).

The first response from self-compassion is to recognize that sometime we hurt and need to respond with 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’, it is active in offering soothing and comfort to the self (Neff, 2011b). The option with self-compassion, “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).

**Illustration:** Recently I found out that an ex-patient committed a murder. Clearly my treatment did not cure a homicidal tendency, indeed it was not recognized at the time, and it is hard not to conclude that I missed something important.
There is growing research about the effectiveness of self-compassion. People higher in this have lower levels of psychological symptoms ($r=-0.54$, $p<.0001$; MacBeth & Gumley, 2012; also Shapira & Mongrain, 2010). Social anxiety has been linked with low self-compassion (Werner, et al., 2011). 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). Both mindfulness and self-compassion promote wellbeing (Gard, et al., 2012).

3. Dealing with the Inner Critic

Most of us are familiar with the voice of the Inner Critic. Why is it so loud? So harsh? Why do we vacillate between self-serving positive distortions and ruthless self-criticism? Perhaps surprisingly it is common to be doubly unrealistic in seeing ourselves as both better and worse than others. 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.

Self-compassion may have its limits if a person has a history of trauma, abuse or neglect as a child. Negative messages can be overwhelming. Schema Therapy understands these in terms of:

(a) **Demanding Parent** This internalized voice is never satisfied with escalating demands and high expectations, “You need to achieve…” It will remind you when you fall short of even ridiculously high expectations. The result is crippling guilt for not meeting high standards or putting others first.

(b) **Punitive Parent** is a harsh voice. It speaks with condemnation and dismissive put-downs such as “You are worthless, bad, evil …” Emotional reactions include shame and wanting to hide.

If the punitive voice is louder and more insistent than the demanding, then self-compassion as a therapy is probably limited. A person may need professional assistance, preferably someone with an understanding of Schema Therapy or Acceptance and Commitment Therapy (cf., Arntz & Jacob, 2013). It is not uncommon to struggle with the internalized harsh voice of childhood figures. The actor Jack Nicholson once said, “My mother never saw the irony in calling me a son of a bitch.”

4. Implications for Leadership

Self-compassion is not positive thinking. Nor is it a set of ideals, or further expectations, to hold up and then fall short of! It is about changing the attitude to ourselves. This self-kindness leads to feeling more robust and handling stress better.

Robert and Susan planted a small church in a country town. It had grown so that it was relatively sufficient financially. But then the major employer, an open cut mine,
shut down and many of his people had to leave town to find work elsewhere. Robert could see it was a ‘no-fault’ setback but he felt defeated and began to blame himself. He went to an inspirational conference and felt even worse. It was a blow to his self-esteem and he thought seriously about going back to a sales job. Eventually he thought about a self-compassion video he had heard through a self-compassion website. He thought, “I gave it my best shot. I feel good about some things we achieved as a church. I am not a ‘perfect pastor’, but I can see I was ‘good enough’ and I learned some things. I will carry that into my next ministry.”

There is a shift that can be seen in Robert. After a huge set-back, in terms of everything he had worked and hoped for, he could remain stuck in a failure of performance or he could ‘reframe’ the experience in terms of what he learned. The emphasis on learning is more self-compassionate. It is something of benefit we can always take from an experience.

Self-compassion has implications beyond self-care. We lead others. How we treat ourselves has an impact on how we relate to others. While it is possible to be more caring towards others than to ourselves, there is a risk that negative attitudes will ‘leak out’ especially in times of high stress.

Another example of how our attitudes will affect others is forgiveness. In one of Neff’s (2011b) studies she found people higher on Self-compassion are more likely to forgive and let go of past hurts. There is also considerable literature on the benefits of forgiveness and interventions to encourage it (Lundahl, et al., 2008). Self-compassion has also been found associated with greater empathy (Neff, 2011a). It also can lead to being more robust – something we always need in leadership!

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. A self-compassionate leader is more likely to take time off when needed, sleep better and eat healthy.

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, resisting the devastation of harsh self-criticism, of this pathway to enhancing care of others, and of the spiritual or theological implications.

It has been noted that “self-compassion is relevant precisely when people feel inadequate or fall flat on their face” (Neff, 2011). This realization can be the beginning of a journey towards healing as a leader (Feldman & Kuyken, 2011).

A final word on the theological implications. It is curious that we can be so harsh on ourselves with the gospel we proclaim. God relates to us through grace. There is nothing ambiguous about this, but sometimes we need to allow this ‘leaven’ to change us. Self-compassion is just another word for grace towards ourselves.
Reflect: Look again at the sentences you wrote down. How can you change the wording to be more self-compassionate?

**Professor Bruce A Stevens** holds the Wicking Chair of Ageing and Practical Theology at CSU and is director of Centre of Ageing and Pastoral Studies at St Marks National Theological Centre. He is an endorsed clinical and forensic psychologist.

**References**


The Neff Self-compassion Scale Go to [http://www.self-compassion.org/test-your-self-compassion-level.html](http://www.self-compassion.org/test-your-self-compassion-level.html) Take the test and the site will score it for you.


Appendix A: Some Practical Tips to Practice Self-compassion

Download Relaxation Tape  One is freely available at Canberra Clinical and Forensic Psychology website: www.ccfpsych.com.au (relaxation resources).

A Kind Voice

Develop a *kind* inner voice that you can listen to. Can you hear it speaking softly and lovingly to you? Consider the tone, if it is harsh then softening the tone should be your first priority. List some self-compassion phrases to say to yourself. You are OK just as you are, etc. Memorize them or write on a card for future use. Can you hear that soft voice saying positive self-care messages? Practice hearing self-talk as kind and gentle.

Thought Diffusion

To *detach from painful thoughts*: From Acceptance and Commitment Therapy is *thought de-fusion*: Pick a self-critical thought and sky write it (smoke from a plane across the sky). Watch it dissipate. If it comes back write it again. A thought is just a thought. It has no more substance than sky-written words.

Mindfulness of Breath

*Mindfulness of Breath*: Use an attention to your breathing to center yourself. Can you focus positive feelings toward yourself (Neff & Germer, 2012)? If you have trouble sleeping it is a good time to practice this skill. And since awareness of breath goes to the same part of the brain as sleep is located, it helps to go to sleep.

*Also*: Visualization of child distressed. How would you respond? Would it be different if it was yourself as a toddler? Write a letter to yourself as if from a wise and compassionate friend.

Involve your body

*Exercise*: Think about an area you are struggling with, how is it affecting you now? Be aware of that area of your body which is tense or affected. Take a hand, imagine it to be the hand of someone very kind and caring and put it slowly gently on whatever part of your body hurts the most (if numb where most numb) and if not feeling anything put on your chest. Feel the warmth flow from your hand, imagine your body softening around this pain. Continue for as long as you like (Harris, 2011). Remember to speak to yourself softly and kindly. This will stop the stress hormones and release the ‘feel good’ hormones.

*To Do*: It may feel silly but give yourself a hug. We like to receive them from loved ones, why not give yourself a hug as well. Involve your body in your self-compassion.

*To Try*: When in conflict with your spouse, try taking a five minute Self-compassion Break. This may help to break the cycle and assist you to approach differences in a softer way (Neff, 2011a).
Loving Kindness Meditation has a long history of practice in Buddhism. This is described by Cayoun (2015, pp. 244-245). It involves three steps:

(a) Focus on your chest in the ‘heart area’ feel the sensations as you breathe in. Repeat in your head kind thoughts about yourself.
(b) Same focus but now let compassion feelings go out to those you love. See love going out from you to them. It might be like light or a color.
(c) Now allow the feelings to go out to all humanity. Include animals and plants. In this way you care globally.

When you focus on self-compassion try saying something like the following: May I be safe. May I be peaceful. May I be kind to myself. May I accept myself as I am. These affirmations help to train our minds to react to suffering in a caring way.

Say to yourself in the Day

To Do: Try saying something like: soften, soothe, allow.

Wise Person Visualization

Think about what qualities you would like to have as a wise person. Imagine being warm and kind. Imagine that you have lost interest in condemning or blaming yourself and now want to do everything possible to help yourself move forward in a healthy way. Remember that it does not matter if you have these qualities or not, just imagine you have them. (Gilbert, 2010, from Exercise 5). Can you see yourself as this wise person being kind to someone who you care for? If you care for many people, choose a difficult person.