



To Be Compassionate and Feel Worthy: The Bidirectional Relationship Between Self-Compassion and Self-Esteem

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Introduction

Some appear to easily adopt a self-compassionate way of relating to themselves, that is, they can extend to themselves the same supportive kindness as they would a good friend. However, many more appear to be more likely to be resistant to accepting the rationale for self-compassion, for example, “it sounds nice, but it’s not for me,” or they may engage with self-compassion on a superficial level, for example, “I’m hard on myself only when I need to be.” Measuring and understanding concerns about self-compassion and a reluctance to adopt this framework are not new; indeed, there is a validated measure of fears of compassion (Gilbert et al., 2011). What has been less closely examined is the potential relationship between difficulties embracing self-compassion and a lack of self-esteem or sense of self-acceptance and self-worth. It may be the

case that many internal psychological barriers to self-compassion are related to a belief of being unworthy of such compassion. It is of interest to both self-compassion researchers and clinicians to better understand how these constructs interact and relate to each other.

Self-compassion and self-esteem are interrelated constructs. Self-compassion refers to a tendency to relate to oneself with unconditional support and a desire to help, rather than be self-critical (Gilbert, 2014; Neff, 2003a). Relatedly, self-esteem generally refers to global appraisal of one’s self-worth that is positive (Rosenberg, 1965a, b; Rosenberg et al., 1995). When both constructs are high in an individual, they are likely to present in a similar fashion. Illustratively, a psychological flourishing individual, that is, someone who engages in a rich, meaningful, and value-driven life (Ryan & Deci, 2000), is likely to be high in both self-compassion and self-esteem. They can be psychologically flexible and acknowledge and address their own needs with kindness and respect. In addition, they hold a generally positive global view of their identity and sense of self while also acknowledging and accepting imperfections that make them human. Clients seeking psychological support are likely to present to therapy with low self-compassion and low self-esteem. They may treat themselves with harsh self-criticism and be uncomfortable with or even despise the person they see themselves to be. In these clients, the subtle differences

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and relationships between self-compassion and self-esteem become important and raise several questions. Is there a difference between self-compassion and self-esteem? Is one construct more important than the other? Should these constructs be treated as identical and targeted together through intervention? Does improving one construct through psychological intervention naturally lead to improvement in the other? While much about the relationship between self-compassion and self-esteem remains unknown, a growing body of research offers valuable clinical and research insights.

This chapter seeks to summarize what is currently known about these constructs, why they are important, and the nature of their interactive relationship with each other. Specifically, we explore different versions of self-esteem and how they interact with self-compassion. This chapter will draw together and review a diverse body of studies which has examined self-compassion and self-esteem constructs as targets for psychological intervention. As a result, we will propose that intrinsic self-esteem has a bidirectional relationship with self-compassion. Thus, a sense of self-worth and self-acceptance (intrinsic self-esteem) influences our capacity to relate to oneself with compassion and a motivation to help, not harm (self-compassion), and visa-versa. Extending this description of a bidirectional relationship, this chapter will also propose the two constructs can be thought of as being in an interactive network, with their relationship being highly idiosyncratic and dependent on the individual and context. The implications of the available evidence and some directions for future research will be discussed.

Self-Esteem: Definition, Consequences, and Measurement

Historically, researchers and practitioners have argued almost universally for the value of self-esteem to psychological well-being (Lyubomirsky et al., 2006), yet there remains controversy in how the construct is defined (Levy, 2019; Eromo & Levy, 2017). While self-esteem is generally regarded as a multifaceted construct, at the core

of the definition is a judgment of self-worth and self-acceptance (Kernis, 2002; Eromo & Levy, 2017; Deci & Ryan, 1995; Rosenberg 1965a, b). Thus, the self-esteem construct is an affectively laden self-evaluation (Leary & Tangney, 2003), based on one's own values, attributes, and accomplishments. Self-esteem has conceptual similarities to constructs such as self-worth or positive self-regard. Self-esteem is generally conceptualized as a global or *trait* construct (i.e., people's general evaluations of their self-worth), a *state* construct (i.e., more temporary feelings of self-esteem), or a *domain-specific* self-evaluation (i.e., the way that people appraise their performance or worth in a particular domain) (Brown & Marshall, 2006). Further, it has also been proposed that self-esteem can be conceptualized both as a *belief* and as a *motive* (also referred to as conscious and nonconscious self-esteem; Epstein, 2006), with research demonstrating that humans are motivated to create and maintain a positive self-image across the lifespan (James, 1890; Macdonald, 1994).

A considerable body of research supports the psychological benefits of maintaining high self-esteem. Theorists have proposed that high self-esteem may serve several functions, such as maintaining well-being and positive affect, providing feedback about coping efforts, reflecting status in social hierarchies, facilitating self-determination, and providing vital information about eligibility for social inclusion and exclusion (Leary & MacDonald, 2003). High self-esteem is consistently linked with healthy functioning (Leary, 1999) and a range of positive psychological constructs, such as coping with emotional stressors and encouraging development of one's skills and capacities (Pyszczynski et al., 2004). Conversely, low self-esteem predicts psychopathology symptoms (Zeigler-Hill, 2011), including loneliness (Brighi et al., 2012), peer rejection (Ammerman et al., 1993), and suicide ideation (Harter, 1993). Furthermore, low self-esteem has also been consistently linked with poor health behaviors such as cigarette smoking during adolescence (Carters & Byrne, 2013) and illicit substance use (Donnelly et al., 2008). The apparent benefits of having high

self-esteem have led to the development of targeted psychological interventions, particularly in schools (Dalgas-Pelish, 2006; Lai et al., 2009; Thijs & Verkuyten, 2017).

Despite the documented benefits of self-esteem, there also appear to be costs to pursuing high self-esteem. Crocker and Park (2004a) reviewed some of the detrimental effects of pursuing high self-esteem, including heightened negative emotions such as shame and sadness when failure is encountered, anxiety at having to “prove” one’s self-esteem, and engaging in activities that boost self-esteem yet are ultimately self-defeating (e.g., negative gossip, self-deception). Kernis (2003) explains that high self-esteem can be damaging for one’s mental health if characterized by defensiveness, contingency on performance, and instability. Illustratively, high self-esteem may involve positive feelings of self-worth; however, these feelings may also be fragile and highly vulnerable to the environmental context. Engaging in such self-esteem boosting behavior results in interference with activities that satisfy the needs for competence, relatedness, and autonomy that are considered core to well-being (Ryan & Brown, 2003). Ryan and Brown (2003) explain that the pursuit of high self-esteem often leads to behavior which the individual may not value but is seen as worthy by others, thus leading to greater conformity or in some situations greater risk-taking or self-compromising choices.

Different outcomes associated with self-esteem have led researchers to consider whether there are certain facets of self-esteem that are more adaptive than others (Crocker et al., 2003; Kernis, 2003; Kernis et al., 1993). This had led to the identification of several important dimensions of self-esteem, such as *contingent* self-esteem and *intrinsic* self-esteem, that appear to have important implications for psychological well-being.

Contingent Self-Esteem

A core problem with self-esteem is the degree to which one’s positive self-evaluations involve

comparison with others, successful performance, and perceived success. Contingent self-esteem is a form of self-esteem which emphasizes this problem. Contingent self-esteem refers to the degree that one feels accomplished and worthwhile in relation to others (Harter, 1999) and involves making a judgment of one’s place in a social hierarchy. For example, “I have worth, because I am better than you.” Contingent self-esteem also involves evaluation of how one is perceived by others. Accordingly, those who pursue contingent self-esteem may be preoccupied with others’ opinions and may experience insecurity or worthlessness when others’ views of them are unfavorable (Deci & Ryan, 1995). Contingent self-esteem is also referred to as fragile or unstable self-esteem because feelings of self-worth may fluctuate markedly depending on whether or not one is successful and on the feedback received by others. Furthermore, to create a favorable comparison, people with high contingent self-esteem may engage in belittling others (Crocker et al., 1987), defending against negative feedback (Fitch, 1970), and convincing themselves that they are entitled to special treatment. In other words, contingent self-esteem can result in a “zero-sum game” whereby some win and others lose.

Given that contingent self-esteem is based on judgment and comparison of self to others (Eromo & Levy, 2017), the social context is of great importance. This constant comparison to others is problematic, as one’s sense of self-worth is almost entirely shaped by who is selected as the comparator. For example, a student attending school X has put in great effort and produced a high-quality piece of work. This same student is told their grade for the work was the highest in the class and, as a result, is likely to feel very proud of their accomplishments and experiences high self-esteem. Let’s say that same student completes the same work with the same effort and receives the same grade but is attending school Y with different students and thus is told they ranked 50th in the class. In this scenario, the same student may be at risk of feeling less accomplished and less proud of their work and perhaps not experiencing the same bolstering effect of the

feedback on their self-esteem. This hypothetical example illustrates that effort and the quality of work produced can be almost irrelevant to self-esteem. Instead, the comparison to other students in one's immediate context determines the level of pride and subsequent self-esteem felt. In other words, your level of self-esteem depends on whom you are standing next to. Also referred to as the "big fish, little pond" effect, this tendency for a student's academic self-concept to be based on their standing in comparison with their school peers has been measured internationally (Loyalka et al., 2018).

Threats to fragile self-esteem can trigger strong defenses, as if something precious is being taken. For example, attempts to protect one's self-esteem when experiencing social criticism may trigger arrogance or aggression (Walker & Bright, 2009). In other words, a high value is placed on perceived self-esteem, and threats to this are viewed as grave. Sedikides and Alicke (2012) further explain that we all routinely engage in self-enhancement and self-protection behaviors to manage threats to self-esteem. Self-enhancement encompasses efforts to maximize positive views of ourselves, for example, the self-serving bias involves attributing success to our own internal traits and attributing failures to external forces such as an unfair judge, faulty equipment, or poor instruction. Self-protection motives refer to attempts to reduce or minimize negative self-views, for example, the selective self-memory bias may result in systematic failures to recall negative information about oneself. Such processes which seek to preserve one's sense of self-esteem inevitably incur a degree of dishonesty or incorrect information. Yet these same processes can, albeit superficially, maintain self-esteem and thus become heavily reinforced as they serve to support the pursuit of one's goals (Sedikides & Alicke, 2012). Such trends have led to lively debate in the literature questioning whether the benefits of pursuing self-esteem outweigh the costs (Crocker & Park, 2004a, b; Pyszczynski & Cox, 2004). In summary, when contingent self-esteem is high, an individual may be high functioning and experience a positive self-view; however, this form of self-esteem is

fragile and encounters many unwanted and unintended consequences when rigidly pursued.

Intrinsic Self-Esteem

In contrast to contingent self-esteem, intrinsic self-esteem refers to a form of self-evaluation that is relatively independent of comparison with others. For example, the statement "I am inherently worthwhile and deserve to be treated fairly" enables one's sense of self-worth to be maintained regardless of environmental context or social comparison. This sense of self-worth is likely to be preserved no matter whom the person compares themselves to. Core to intrinsic self-esteem is an acknowledgement of one's inherent self-worth, independent to accomplishments and comparisons to others, and resulting in self-acceptance and self-liking (Kernis, 2002; Leary, 1999). Self-acceptance is a powerful mindset; to be self-accepting means to be acknowledging and not merely tolerant of but also open and nonresistant to one's flaws. Intrinsic self-esteem also does not incur the same costs as the pursuit of high contingent self-esteem and may serve as a helpful and a strong predictor of psychological well-being (Crocker & Park, 2004a, b; Ryan & Brown, 2003; Kernis, 2002).

Intrinsic self-esteem has long been acknowledged as important. For example, references are made to this concept in the philosophical arguments of the enlightenment period, proposing that all people are born equal and deserving of dignity and respect (Rousseau & May, 2002). Similar concepts to intrinsic self-esteem have been studied using a range of different labels. For example, Deci and Ryan (1995) coined the term "true self-esteem" to reflect an autonomous way of judging oneself which is not a result of achieving outcomes nor social approval. Ryan and Brown (2003) refer to "noncontingent self-esteem" as the experience of oneself as fundamentally worthy of esteem and love. Thus, noncontingent self-esteem serves a protective role, existing distinct from, and thus not dependent on, both successes and failures (Ryan & Brown, 2003). Similarly, Kernis (2003) proposes

that distinct from high self-esteem which may be fragile and defensive, “optimal self-esteem” incorporates qualities such as genuine authenticity, stability, and noncontingent self-evaluations. More recently, Eromo and Levy (2017) propose a broader conceptualization of self-appraisal, distinguishing between accurate and distorted forms. This broader proposal enables further acknowledgement of different forms of self-esteem across this continuum of accuracy, for example, positive versus negative forms of self-appraisal (which may have varying levels of accuracy) and stable (consistent across time) or unstable (high fluctuation; Eromo & Levy, 2017). The current chapter focuses on a parsimonious distinction between intrinsic self-esteem, a concept encapsulating these prior definitions of other forms of healthy self-esteem, and more traditional conceptualizations of contingent self-esteem, which are based on a judgment of self-worth based on comparison to others.

Intrinsic self-worth suggests that all people could be considered worthwhile, thus removing the need for a zero-sum game involving a judgment of better versus worst. An additional benefit of intrinsic self-esteem is its stability. A key feature of intrinsic self-esteem is stability in that sense of self-worth across time and context (Kernis, 2005). Intrinsic self-esteem is inherently portable and carried by the individual regardless of who may be available for social comparison or other feedback in the immediate social context. Strong intrinsic self-esteem is more likely to withstand the pressures of daily life and endure instances of failure or shame. Thus, a review of the literature overwhelmingly suggests there are greater benefits and fewer harms to pursuing intrinsic self-esteem in comparison with contingent self-esteem for psychological well-being.

Measurement of Self-Esteem

A diverse range of measures of self-esteem exist (Blascovich & Tomaka, 1991), reflecting the multifaceted nature of this construct. For example, the Self-Esteem Inventory (Coopersmith, 1967) measures positive self-regard in four areas:

peers, parents, school, and personal interests. The Social Self-Esteem Scale (Ziller et al., 1969) measures stability of self-esteem, especially when placed under strain. In contrast, the Contingencies of Self-Worth Scale (Crocker et al., 2003) assesses seven sources of contingent self-esteem including academic, appearance, approval from others, competition, family support, God’s love, and virtue.

The most commonly used measure of global self-esteem is the brief ten-item Rosenberg Self-Esteem Scale (Rosenberg SES; Rosenberg, 1965a, b). The Rosenberg SES measures one’s general feelings of self-worth as a person using items such as “On the whole, I am satisfied with myself” on a four-point Likert scale from *Strongly Agree* to *Strongly Disagree* (Rosenberg, 1965a, b). The Rosenberg SES measures a generalized and global assessment of one’s feelings of self-worth as a person. A closer examination of the ten items suggests this scale may reflect intrinsic self-esteem rather than the comparative elements of self-esteem, albeit imperfectly. Items such as “I take a positive attitude toward myself” and “On the whole, I am satisfied with myself” (Rosenberg, 1965a, b) may arguably reflect a sense of self-worth with reduced dependency in comparison with others or context. While there is no specific measure of intrinsic self-esteem, global measures such as the Rosenberg SES may tap into a sense of self-worth that is global, non-contingent on comparison, and enduring, which more closely resembles intrinsic self-esteem than contingent self-esteem.

Self-Compassion: Definition, Consequences, and Measurement

Gilbert (2009) developed a framework of “compassion” based on evolutionary and attachment theory (see Chap. 4). Gilbert’s model proposes there are three types of emotion regulation systems which constantly interact: the self-soothing, safe system; the threat and protection system; and the drive, excitement-seeking system (Gilbert, 2009, 2014). Gilbert (2009) conceptualizes both compassion for self and other as part of

the self-soothing, affect regulation system. The threat and protection system evolved to enhance our threat-detection abilities and to quickly mobilize us to act with the goal of self-preservation. Strong emotions linked to this system include anxiety, anger, and disgust. The drive and excitement system are activated when engaging in behaviors that strive to accomplish rewards and resources. Based on an evolutionary perspective, these resources can include food, alliances, sexual opportunities, achievements, and validation or territories. Importantly, the self-soothing system is triggered during contentment, when an individual is not perceiving threat or engaging in resource-seeking. This system is associated with feelings of securing, peacefulness, well-being, and safety (Gilbert, 2010).

In a complementary approach, Neff (2003b) developed a framework for self-compassion based on Buddhist concepts. This framework comprises a bipolar continuum ranging from uncompassionate to compassionate self-responding. Compassionate self-responding involves self-kindness or being supportive and caring toward oneself during times of difficulty; common humanity, or an acknowledgement of the imperfect nature of being human; and mindfulness, which in this context refers to a healthy detachment from one's thoughts and feelings. Conversely, uncompassionate self-responding involves self-criticism or a tendency to be harsh and judgmental toward one's perceived flaws; isolation, or feeling separate to others and alone; and overidentification which is characterized by feeling fused and stuck with our thoughts and feelings, especially those which cause distress. Initially framed as a healthy alternative to self-esteem, Neff (2003b) argued that self-compassion does not come with the same costs attached to the pursuit of contingent self-esteem, such as the development of narcissistic traits, self-centeredness, and a lack of concern for others.

The exponential growth in self-compassion research has largely been unified through use of the Self-Compassion Scale (SCS), a 26-item measure of the different facets of self-compassion as conceptualized by Neff (2003a, b). Most self-compassion research utilizes the SCS or its Short

Form (SCS-SF; Raes et al., 2011). Newer versions of this scale have also been developed for specific populations including early adolescence (SCS-Y; Neff et al., 2021) and adults diagnosed with diabetes (SCS-D; Tanenbaum et al., 2018). A state-based version of the scale has also been developed to capture self-compassion in the moment, likely to be of interest in experimental studies and when examining changes in self-compassion across time (Neff et al., 2021). The scale has also been translated into many different languages including Japanese (SCS-J; Arimitsu, 2014) and Iranian (Azizi et al., 2013) and Brazilian (de Souza & Hutz, 2016).

Research has consistently found that higher levels of self-compassion are robustly associated with a plethora of benefits across the lifespan, such as greater psychological well-being (Zessin et al., 2015), decreased symptoms of psychopathology (MacBeth & Gumley, 2012; Marsh et al., 2018), and increased health-promoting behaviors (Sirois et al., 2015). Furthermore, meta-analyses have consistently found support for the efficacy of self-compassion-based interventions for improving psychological well-being outcomes. Self-compassion-based interventions can enhance one's ability to be self-compassionate (Kirby et al., 2017; Ferrari et al., 2019) and lead to other beneficial psychological outcomes such as reduced anxiety and depression (Ferrari et al., 2019; Kirby et al., 2017) and improvements in rumination, eating behaviors, mindfulness, and life satisfaction (Ferrari et al., 2019).

Are Self-Compassion and Self-Esteem Distinct Concepts?

Self-compassion and self-esteem, particularly intrinsic self-esteem, are psychological constructs which are closely related and overlap. At high levels of self-compassion and intrinsic self-esteem, the differences between these constructs are less clear. Individuals high in both constructs are likely to present in a similar way: psychologically flourishing with a sense of purpose, meaningful relationships, and a generally positive attitude to their sense of self. Indeed, research

suggests there is a strong correlational relationship between self-compassion and global measures of self-esteem, which may more accurately reflect features of intrinsic rather than contingent self-esteem (Souza & Hutz, 2016; Stephenson et al., 2018; Neff & Vonk, 2009; Eller et al., 2014; Pohl et al., 2021; Holas et al., 2021; Thoma et al., 2021). In contrast, contingent self-esteem appears more likely to have a very weak relationship with self-compassion given its outward focus on social comparison (Eromo & Levy, 2017), fragility (Walker & Bright, 2009), and propensity toward artificial self-enhancement (Sedikides & Alicke, 2012).

The following section of this chapter will consider the research comparing self-compassion with different forms of self-esteem. We will argue that contingent self-esteem is not likely to be positively related to self-compassion, but intrinsic self-esteem (meaning an acceptance of self) is likely to have a bidirectional relationship with self-compassion. This section will build toward the proposal that self-compassion and intrinsic self-esteem can be thought of as constructs connected in an interactive network (Ciarrochi et al., 2021), with improvements in one leading to improvements in the other, and vice versa.

Self-Esteem and Self-Compassion Are Correlated

Research suggests there is a meaningful relationship between self-compassion and global measures of self-esteem, such as the Rosenberg SES (Souza & Hutz, 2016; Stephenson et al., 2018; Neff & Vonk, 2009; Eller et al., 2014; Holas et al., 2021; Thoma et al., 2021). As argued above, global measures of self-esteem may more readily reflect features of intrinsic self-esteem than contingent self-esteem and be related to self-compassion. Illustratively, a study of 432 Brazilian citizens reported a moderate positive correlation between the Rosenberg SES and the SCS (Souza & Hutz, 2016). Similarly, in a study involving 184 US undergraduate students, Stephenson et al. (2018) found that self-esteem and self-compassion, using the same Rosenberg

SES and SCS-SF measures, were positively moderately correlated. Neff and Vonk (2009, Study 1) surveyed a large adult community population from the Netherlands using a battery of self-report measures of varied psychological outcomes. The authors examined correlations of the SCS total score with different forms of self-esteem in a large cross-sectional community sample. They found significant, positive, and moderate correlations between self-compassion and global self-esteem (measured by Vonk et al.'s (2008) scale, deemed equivalent to Rosenberg SES), which were significantly and negatively correlated with contingent forms of self-esteem including a focus on social approval, appearance, performance, and social comparison.

Theoretically, the negative correlation between self-compassion and contingent self-esteem found in Neff and Vonk's (2009) study can be explained with reference to Neff's (2003a) self-compassion model. Contingent self-esteem contrasts to each of the three components. Instead of self-kindness, contingent self-esteem is associated with aggressive competitiveness (Koivula et al., 2002); instead of mindfulness, it encourages overidentification and fusion with one's self-evaluation (Rohmann et al., 2019); and instead of common humanity, it encourages comparison with – and potentially devaluation of – others (Schütz & Tice, 1997) or devaluation of self (Alfasi, 2019). According to Gilbert's compassion model, high levels of contingent self-esteem may also act as a barrier to self-compassion. This is because the competitive focus of self-esteem, based on comparisons to others, is likely to be related to the threat and drive/excitement systems (Gilbert, 2015). The drive/excitement system may encourage a sense of competitiveness and focus on one's place within a social hierarchy, attempting to rank as superior to others (Gilbert, 2015). Similarly, the threat system may also encourage a sense of competitiveness with others; competition over resource security or safety (Gilbert, 2015). Thus, the sense of comparison which self-esteem often encourages is likely to activate the systems which undermine one's ability to engage in self-compassion and activate the self-soothing system.

Further research has examined the relationship between self-esteem measures and the subscales of the SCS in more detail. Eller et al. (2014) studied self-report data collected from participants diagnosed with HIV across the United States, Puerto Rico, Canada, Namibia, China, and Thailand. The authors found a significant, small, and negative correlation between higher levels of self-esteem (as measured by the Rosenberg SES) and lower levels of self-judgment (negative subscales of the SCS) but reported no significant correlation with self-kindness (positive subscales of the SCS). Thoma et al. (2021) reported in a supplementary table attached to their paper that in adults who had been maltreated as children, self-esteem (as measured by a German version of the Rosenberg SES) did not significantly correlate with the self-kindness nor self-judgment subscales of the SCS (German translation) but positively correlated with the Common Humanity and Overidentified subscales and negatively correlated with Isolation and Mindfulness subscales. Taken together, such cross-sectional research suggests that although self-compassion and self-esteem are related, correlations across different measures and subscales tend to vary, suggesting these constructs are distinct from each other.

Self-Compassion and Self-Esteem Differentially Predict Outcomes

Self-compassion and intrinsic self-esteem are significantly correlated and may be considered related constructs (Souza & Hutz, 2016; Neff & Vonk, 2009; Eller et al., 2014; Thoma et al., 2021), yet clearer differences between these constructs emerge when we examine research findings about their predictive relationship with other psychological outcomes. Some studies support self-compassion as a more stable predictor of self-worth (Neff & Vonk, 2009) and authenticity (Zhang et al., 2019) than self-esteem. Further analyses reported by Neff and Vonk (2009, Study 1) found self-compassion had a stronger predictive relationship compared to global self-esteem with several outcomes including self-esteem sta-

bility, global self-esteem contingency, specific areas of self-esteem contingency (social approval, performance, and appearance), and social comparison. Self-esteem stability refers to daily fluctuations in feelings of self-worth, while global self-esteem contingency refers to self-esteem that is contingent on outcomes such as receiving social approval from others, performing to a high standard, and having an appearance which is culturally understood to be attractive. The authors suggest this predictive strength of self-compassion may be a result of self-compassionate individuals embracing all aspects of themselves, the good and the unpleasant, with an open-hearted awareness. In comparison, high self-esteem may encourage a focus on the positive and desirable aspects of self and an avoidance of the undesirable. The exception to this was narcissism, which was predicted by global self-esteem but not self-compassion, potentially supporting the argument that pursuing and maintaining self-esteem may incur unwanted consequences such as extreme self-involvement. Yet in further analyses, Neff and Vonk (2009, Study 2) found self-compassion and self-esteem were equivalent predictors of positive mood states including happiness, optimism, and positive affect.

Authenticity refers to a sense of alignment with one's true or genuine self and is a construct of interest because it is associated with greater psychological well-being, life satisfaction, and positive affect (Kernis & Goldman, 2006; Toor & Ofori, 2009). Across five studies, Zhang et al. (2019) found self-compassion was a stronger predictor of authenticity than self-esteem. Zhang et al. (2019) found a positive correlation between self-compassion (measured by the SCS-SF) and authenticity when controlling for self-esteem in university students (measured by Rosenberg SES; Study 1), which was replicated using a daily diary method of data collection to test the ecological validity of the finding (Study 2). Study 3 experimentally induced a state of self-compassion in participants and found this resulted in higher self-reported authenticity than a self-esteem condition and a control group. This predictive relationship was further replicated across Iranian, Malaysian, Turkish, and American populations

and longitudinally (Study 4 and 5). Study 4 and Study 5 also found the link between self-compassion and authenticity could be explained by reductions in fear of negative evaluation and heightened optimism. Taken together, this cumulative series of studies demonstrates that self-compassion is a stronger predictor of authenticity, over and above self-esteem (Zhang et al., 2019).

Additionally, some studies have found that self-compassion shares stronger associations with mental health outcomes than self-esteem. For example, for males living with a positive HIV status, uncompassionate self-responding as measured by the SCS (all negative items summed to create a composite score) was a stronger predictor of depression symptoms than self-esteem, self-efficacy, HIV symptoms, and demographic variables (Eller et al., 2014). Pohl et al. (2021) examined self-compassion and self-esteem in adults with borderline personality disorder (BPD) who had experienced childhood trauma. In this group, self-compassion moderated the positive correlation between childhood trauma and BPD symptom severity, but self-esteem did not. These findings suggest that higher self-compassion may weaken or reduce the negative psychological consequences of childhood trauma, but self-esteem does not offer the same protection. In addition, Stephenson et al. (2018) found that self-esteem did not predict irrational beliefs, such as unrealistic personal standards, after accounting for level of self-compassion, thus suggesting that many benefits of having high self-esteem can be accounted for by self-compassion.

In contrast, a smaller number of studies have found support for self-esteem as a stronger predictor of psychological well-being outcomes, over and above self-compassion. One such study, Thoma et al. (2021) found that self-esteem, but not self-compassion, mediated the effect of childhood abuse on mental health. Of note, this study was based on a sample of Swiss older adults (mean age 70 years) who were identified as having been affected by compulsory child welfare services as children, and the data were collected retrospectively. It is not clear why this study differs in finding support for self-esteem over self-compassion. Potential explanations include

the older population assessed by the study, the nature of the challenges they faced as children, a result of the method of retrospective data collection, or a genuine reflection of the importance of self-esteem over self-compassion. Thus, although some research found self-esteem a stronger predictor of mental health symptoms compared to self-compassion (Thoma et al., 2021), a larger body of research supports self-compassion as a stronger predictor over self-esteem for a range of psychological outcomes. Such outcomes are diverse and include self-worth (Neff & Vonk, 2009), authenticity (Zhang et al., 2019), depression (Eller et al., 2014), and BPD symptoms (Pohl et al., 2021).

Self-Compassion May Mediate the Beneficial Impact of Self-Esteem

Neff (2003b) acknowledged there are benefits that come with high self-esteem, however, at times individuals can use unhealthy methods to obtain it, and that self-esteem may have unhealthy consequences. Neff (2003b) proposed that self-compassion can overcome many of the shortcomings associated with the pursuit of self-esteem. For example, the pursuit of high self-esteem may lead to an inflated sense of self which seeks to artificially elevate oneself and disparage others (since one's value is defined in relation to others). Such elevated self-esteem may leave one to be underprepared for times of struggle or failure and unable to have empathy for others. In contrast, self-compassion is not contingent on such artificial judgments. Instead, core to the self-compassion model is an acknowledgement of the natural imperfections and failings of common humanity, encouraging compassion to these aspects of ourselves rather than using denial or suppression to avoid them. Thus, self-compassion may be beneficial for individuals with high self-esteem as they not only have a positive sense of self-worth, but this is based on a more grounded and realistic acceptance of the imperfections of being human. Such individuals may also be better equipped to cope in times of error or

embarrassment, being open and accepting to one's flaws while retaining a sense of self-worth.

A recent study which empirically supports the notion that self-compassion may explain the beneficial impacts of self-esteem, especially intrinsic self-esteem, was conducted by Holas et al. (2021). The authors found a moderately strong and significant correlation between self-compassion (SCS total score) and self-esteem (Rosenberg SES) in socially anxious adults. While low self-compassion and low self-esteem significantly predicted more problematic anxiety symptoms, self-esteem was a stronger predictor compared to self-compassion. In addition, self-compassion partially mediated the relationship between self-esteem and social anxiety. The authors interpret these findings to suggest that self-compassion can buffer the negative effects of contingent features of self-esteem, such as a sense of self-worth contingent on competition and appearance. In other words, the presence of self-compassion contributes protective features to one's sense of self-worth. Based on these findings, Holas et al. (2021) propose that self-compassion may involve additional benefits over self-esteem such as facilitating a more balanced and rational stance toward life adversities, resulting in less unhelpful anxiety and greater acceptance that imperfections are part of being human.

Convergent findings by DeLury and Poulin (2018) suggest that self-compassion buffers the effect of a self-esteem threat on academic task performance. The authors conducted an experiment where first year psychology students were randomly allocated to a self-esteem threat, where participants were asked to write in detail about a negative academic event in their past that caused shame or to describe their travel to campus that morning (control). Subsequently, participants were randomly allocated to a neutral writing task or a self-compassion writing task. The self-compassion task prompted participants to consider that everyone has experienced something similar (common humanity), consider how they'd treat a friend in the same situation (kindness), and describe triggered emotions in an accepting fashion (acceptance). Finally, all participants completed a difficult

verbal analogy test. As anticipated, those who received the self-compassion induction did not perform poorly on the test after exposure to the threat. Those who received the threat and did not receive the self-compassion induction had a much poorer performance on the difficult test. This experiment supports the role of self-compassion in serving as a buffer against threat effects on performance.

A Comparison of Self-Compassion and Self-Esteem Focused Interventions

The nature and effects of self-compassion and self-esteem are further explored in experimental trials which compare psychological interventions developed to target these constructs. Most such studies have focused on similar outcomes (body image related concerns) and adopt a similar psychological intervention (brief writing tasks). Understanding how self-compassion- and self-esteem-based interventions compare in their effectiveness and whether there are meaningful differences provides valuable insight to the nature and effects of these constructs. A recent meta-analysis of CFT and other compassion-based interventions ($k = 8$) found that, notwithstanding considerable heterogeneity, these interventions had a medium positive effect on self-esteem (Thomason & Moghaddam, 2021). This meta-analysis noted that brief self-compassion-based interventions tended to show little improvement in self-esteem or reported large confidence intervals indicating poor reliability. Thomason and Moghaddam (2021) propose these results reflect the need for sufficient time within an intervention (at least 20 hours) to overcome discomfort and distress reactions to self-compassion, especially when early childhood experiences may lack the opportunity to develop a soothing emotion regulation system. The small number of studies included in the review calls for further research in this area to consolidate and extend on these promising findings. To the best of our knowledge, there has not yet been a review of the effective-

ness of self-esteem-based interventions for self-compassion outcomes.

Several papers compare the effectiveness of self-compassion- and self-esteem-based interventions. Moffitt et al. (2018) compared self-esteem, self-compassion, and positive distraction writing tasks and measured their effects on reducing state body dissatisfaction. One hundred forty-nine female undergraduates (mean age 22 years) spent 15 min looking at and rating a series of 16 magazine advertisements on a computer which featured thin, young women. This task was designed to trigger body dissatisfaction in the participants. Subsequently the participants were asked to write a paragraph to themselves for 3 min according to instructions. They were randomly allocated to one of three intervention groups with self-esteem, self-compassion, or positive distraction instructions. The self-esteem group was asked to write a description of their positive qualities such as personal attributes and accomplishments. The self-compassion group was asked to express kindness, compassion, and understanding toward their weight, shape, and appearance. In contrast, the positive distraction group acted as a control comparison and was asked to write about an enjoyable hobby. As anticipated, the self-compassion group reported significantly lower dissatisfaction with weight and appearance, as well as significantly higher self-improvement motivation compared to the self-esteem and positive distraction groups. In addition, participants with high trait body dissatisfaction, independent of the experiment, benefited the most from the self-compassion intervention. Moffitt et al. (2018) concluded that these findings provide robust support for the effectiveness of self-compassion, over and above self-esteem interventions and controls, for body dissatisfaction.

Seekis et al. (2017) used a 15-minute writing task to trigger body image concerns in female university students. Ninety-six female university students (mean age 19 years) were asked to read a hypothetical scenario and imagine they were the protagonists who had unflattering photos of themselves posted on social media by a friend. The researchers then randomly allocated each

participant to a self-compassion, self-esteem, or control writing group. The self-compassion group was given writing prompts that were designed to encourage the core elements of self-compassion. For example, to induce self-kindness, participants were instructed “Write a letter to yourself expressing understanding, kindness, and concern. Write in a way you might express concern to a close friend who experienced a similar event.” In comparison, the self-esteem group was given prompts such as “Describe why an unflattering photo of yourself does not really indicate anything about the kind of person you are” and asked to list their competent characteristics. The control group was given prompts about irrelevant information such as “List the subjects you did in your final year of high school. Which did you like or dislike and why?” After the intervention, both the self-compassion and self-esteem groups showed higher body satisfaction than the control group. The benefit of self-compassion was evident in the difference in body appreciation scores, which were higher than both the self-esteem and control groups after the intervention. These effects, however, were not sustained at the 2-week follow-up (Seekis et al., 2017). Like the findings of Moffitt et al. (2018), this study provides support for the benefit of targeting self-compassion over self-esteem to improve body satisfaction; however, these benefits appeared to be short term and not sustained at a 2-week follow-up.

Barbeau et al. (2021) also found support for targeting self-compassion to address body appreciation and healthy eating in women. They randomly allocated university and community recruited women (mean age 29 years) to one of three writing groups; each was required to record daily writing activities for 7 consecutive days. The self-compassion and self-esteem groups wrote a journal recount via email on a moment over the last 24 hours when they felt self-conscious about their body, exercise, or eating habits. After this journal recount, they were given either a self-compassionate or self-esteem focused prompt to reflect on the event. The same procedure was carried out for the control group but focused on a particular event, not related to

self-consciousness. Comparing the three groups after the intervention revealed the self-compassionate group experienced clinically significant changes in bulimic symptoms while the other two groups did not.

Similarly, Albertson et al. (2015) also found support for self-compassion training in reducing contingent self-esteem based on appearance. Women with body image concerns were recruited through social media ($N = 238$) and randomized to a 3-week self-compassion meditation group ($M_{age} = 38.42$) or a waitlist control ($M_{age} = 36.42$). The intervention included access to podcasts containing a 20-minute self-compassion meditation which participants were asked to practice once a week, such as the Compassionate Body Scan and a variant of the Loving-Kindness Meditation. Participants reported practicing the podcasts 3.6 days each week, demonstrating reasonable intervention adherence. The intervention group demonstrated significantly greater gains in self-compassion (as measured by SCS) and greater reductions in contingent self-worth based on appearance (CSW, Contingent Self-Worth subscale). These results were maintained at a 3-month follow-up, suggesting that self-compassion practice can significantly improve appearance-based self-worth and that such effects are sustained with time.

In addition to body image concerns, a willingness to disclose self-esteem threatening events to others is a behavior which relates to psychological well-being and may increase opportunity for an individual to receive required support or assistance. Dupasquier et al. (2020) found that practicing self-compassion promotes the disclosure of self-esteem threatening events. Disclosing such information which would typically trigger shame and social withdrawal is an important and helpful behavior. Participants were asked to write in detail about an event that occurred in the past 5 years and made them feel bad about themselves at present. Participants were then randomly allocated to an experimental writing manipulation that used writing prompts to promote self-compassion, self-esteem, or free writing (control group). The self-esteem and self-compassion conditions both led to deeper and lengthier dis-

closures than the control condition which involved writing about the event in a nondirective way. The self-compassion group had a slight advantage in producing lengthier written responses than the self-esteem group, while there was no significant difference in depth of content. Dupasquier et al. (2020) concluded that engaging in a self-compassion exercise and repairing self-esteem are both effective in encouraging disclosure of distressing information, with self-compassion offering a slight advantage through promoting lengthier responses. Such responses allow greater opportunity for individuals to access social support to protect long-term psychological well-being.

Psychological intervention studies which compare self-compassion- with self-esteem-based interventions consistently demonstrated support for self-compassion over self-esteem approaches (Moffitt et al., 2018; Seekis et al., 2017; Barbeau et al., 2021, Alberston et al., 2015). There were strong commonalities between these intervention studies in relation to the population studied (young, university female students) and the outcomes targeted (related to body image concerns); therefore, it is not clear whether these findings readily generalize to other populations or psychological processes. Despite these limitations, these intervention studies show growing support for the clinical utility of self-compassion-based interventions. Specifically, self-compassion-based writing tasks were more efficacious compared to self-esteem-based writing tasks for improving body dissatisfaction, self-improvement motivation, and clinical symptoms of bulimia (Barbeau et al., 2021; Moffitt et al., 2018; Seekis et al., 2017). In addition, self-compassion practice also seems to weaken contingent forms of self-esteem (Albertson et al., 2015) and offer a slight advantage to disclosure of distressing information compared to self-esteem (Dupasquier et al., 2020). Self-compassion interventions also tend to contribute to improvements in self-esteem (Thomason & Moghaddam, 2021). Such research confirms that increasing self-compassion compared to increasing self-esteem through psychological

intervention results in meaningful psychological differences.

How Self-Compassion and Self-Esteem Interact: Longitudinal Research

Longitudinal research which measures self-compassion and self-esteem over an extended time period provides further insight to the potential bidirectional and causal relationship between these constructs. Using experience sampling via mobile phone, Krieger et al. (2015) examined self-compassion and self-esteem in relation to positive and negative affect over a 2-week period in a community sample ($n = 105$). They found that both self-compassion (using a German translation of the SCS) and self-esteem (a German translation of the Rosenberg SES) were positively correlated with positive affect and negatively correlated with negative affect and perceived stress. Interestingly, after controlling for the effect of self-esteem, self-compassion continued to predict both positive and negative affect. When the influence of self-compassion was controlled, however, self-esteem no longer predicted these outcomes. This longitudinal study lends further support to the understanding that while both self-compassion and self-esteem are helpful for cultivating good mental health, self-compassion may have a greater effect, independent of self-esteem. In addition, the authors found that beneficial effects of self-esteem on positive and negative affect are largely explained by self-compassion.

A pivotal study which may inform our understanding of self-compassion and self-esteem's bidirectional relationship was a longitudinal study of 2488 high school students conducted by Marshall et al. (2015). The authors collected measures of self-compassion (SCS-SF) and self-esteem (Rosenberg SES) in grade 9 and 10 and measured general mental health in grade 10. The authors used structural equation modeling to assess how the two constructs interacted and predicted general mental health. This study found

that high levels of self-esteem in grade 9 were related to better mental health in grade 10, regardless of one's level of self-compassion. Self-compassion became important, however, when an adolescent reported low self-esteem. In these instances, low self-compassion appeared to exacerbate the negative effects of low self-esteem. In contrast, those who were also high in self-compassion experienced a protective buffer which weakened the link between low self-esteem and subsequent poor mental health. This robust study found that self-compassion and self-esteem have independent longitudinal effects on changes to adolescent mental health. In addition, an ability to practice self-compassion and accept personal failings as normal appears to protect against negative self-judgments and thus weaken the negative consequences of low self-esteem. Thus, while similar, the self-compassion construct appears to offer additional psychological benefits which mitigate the harms of low self-esteem.

Examining changes in self-compassion and self-esteem over time can also provide insight into how these constructs might engender each other. To explore this, Donald et al. (2018) collected data from 2809 Australian school students spanning 17 schools ($M_{age} = 14.7$ years, $SD = 0.45$). Consistent with prior research (Marshall et al., 2015; Krieger et al., 2015), Donald et al. (2018) used the SCS-Short Form and the Rosenberg SES. Across 4 years, from grade 9 to 12, students completed surveys at the same time each year. Using autoregressive cross-lagged modeling, the study found high self-esteem consistently predicted improvement in self-compassion, yet self-compassion did not predict self-esteem. These findings suggest that developmentally, self-esteem may be an antecedent of the development of self-compassion, but self-compassion is less important as a foundation to develop self-esteem. Based on these findings, Donald et al. (2018) suggested that a positive self-evaluation, or sense of self-worth, may more readily give rise to self-compassionate responses when an individual is faced with difficulty. Thus, the presence of negative self-evaluations, or a

lack of a basic sense of self-worth, may encourage the perception of self-compassion as threatening and not deserved. Donald et al. (2018) argue that during the vulnerable time of adolescence, the types of self-evaluations that arise appear to have a critical influence on naturally developing a self-compassionate response.

The longitudinal studies reviewed in this chapter (Donald et al., 2018; Krieger et al., 2015; Marshall et al., 2015) suggest that there is a bidirectional relationship between self-esteem and self-compassion. Krieger et al. (2015) found in community adults that the link between self-esteem and mental health disappeared when controlling for self-compassion. Similarly, Marshall et al. (2015) found that across time, adolescents who were high in self-compassion were protected from the poor mental health effects of low self-esteem, whereas Donald et al. (2018) found that self-esteem predicted self-compassion in adolescents, but not vice versa. Taken together, research suggests that feelings of unworthiness (low self-esteem) often lead to poor mental health, but this link is weakened by high levels of self-compassion (Marshall et al., 2015; Krieger et al., 2015), while in other studies, self-esteem is a predictor of self-compassion but not vice versa (Donald et al., 2018). These findings may suggest the two constructs can be thought of as being in an interactive network, the relationship between constructs changing in an interactive way across different individuals in different contexts.

The Self-Compassion and Self-Esteem Interaction: Application of the Interactive Network Model

This conceptualization of self-esteem and self-compassion as part of an interactive network, rather than distinct and entirely separate constructs, aligns with a bigger movement in psychology to consider mental health diagnoses and psychological interventions as processes rather than distinct packages (Ciarrochi et al., 2021). Traditional psychological models tend to ask which diagnosis best fits the presenting symptoms and which evidence-based treatment best

matches the diagnosis. In contrast, an interactive model approach asks, based on this specific client, their circumstances, at this stage of intervention, what biopsychosocial processes should be targeted and how? Illustratively, Ciarrochi et al. (2021) use the example of a depression diagnosis. Rather than conceptualizing depression as a list of distinct symptoms such as depressed mood, significant weight change, sleep disruption, and recurrent thoughts about death, it may be more helpful to think of depression as a series of processes in an interactive network. For example, depression may represent a cyclical interactive network of hopelessness, rumination, sadness, and low behavioral activation which feeds into and amplifies itself. This reframing as a dynamic interactive network rather than a list of symptoms may be more useful for understanding the development, maintenance, and exacerbation of symptoms, in addition to formulating and sequencing a treatment plan.

The interactive model also provides a useful framework for tailoring psychological treatment to the needs of the individual. Continuing with the example of a depression diagnosis, evidence-based treatment packages for depression may include cognitive-behavioral therapy which targets automatic negative thoughts and dysfunctional beliefs, acceptance and commitment therapy which targets psychological flexibility, or compassion-focused therapy which develops the self-soothing emotion regulation system. Such treatment packages are overlapping, often complex, and target multiple processes that will influence different people in different environmental and cultural contexts differently. Adopting an interactive network approach (Ciarrochi et al., 2021) encourages clinicians to focus on processes of change which target the idiosyncratic presentation of the individual rather than treatment packages. Such processes of change may include components of these treatment packages such as cognitive restructuring to target hopelessness, mindfulness to target rumination, emotional acceptance to target sadness, and behavioral activation to target inactivation. Within the interactive network model, clinicians begin with a detailed formulation of the processes involved in

client's presenting problem and select processes of change to target each, rather than following a treatment package and tweaking all components to fit the client.

Applied to self-esteem and self-compassion, an interactive network model suggests the practice of self-compassion is likely to also increase one's feelings of worthiness and acceptance of flaws or imperfections. At the same time, a sense of self-worth is likely to make it easier to accept feelings of compassion and acceptance to oneself. While this reciprocal relationship has not directly been tested through intervention studies, this is supported by longitudinal research (Donald et al., 2018; Krieger et al., 2015; Marshall et al., 2015). From a treatment perspective, intervention research reviewed in this chapter overwhelmingly supports self-compassion-based interventions as more effective than those focused on self-worth across a number of psychological outcomes (Barbeau et al., 2021; Moffitt et al., 2018; Seekis et al., 2017; Albertson et al., 2015; Dupasquier et al., 2020). In addition, self-compassion interventions result in modest improvements in self-esteem (Thomason & Moghaddam, 2021). It may be the case that the practice of self-compassion and acceptance of humanity's natural flaws may intuitively encourage an individual to further develop a sense of self-worth. Yet the interactive model suggests that the relative importance or focus on one's self-worth and ability to practice self-compassion are likely to be dynamic and change constantly rather than be fixed. Further intervention research would benefit from examining changes in self-compassion and self-esteem across time and in relation to each other, particularly as longitudinal research (Donald et al., 2018; Krieger et al., 2015; Marshall et al., 2015) suggests these constructs are best understood within an interactive network.

A key advantage of the network approach is that it is naturally ideographic, i.e., it draws attention to the fact that different individuals may have different configurations of the network. As a result, it may not be just a matter of self-compassion and self-esteem influencing each other more or less similarly for most people, but rather the two may be linked to each other directly

and/or via other variables differently in different people across different contexts. The studies reviewed in this chapter indicated some variation in the relationship measures between self-esteem and self-compassion, and these differences were present despite analyses being conducted on larger groups of participants; no studies reported data or results on an individual basis. The network approach supports the need for more person-centered and highly tailored interventions for promoting self-compassion rather than one-size-fits-all treatment protocols.

Conclusion

The aim of this chapter was to review research which provides insight to the relationship between self-compassion and self-esteem. This chapter identified a version of self-esteem, intrinsic self-esteem, which is likely to be beneficial to the development and maintenance of self-compassion. Intrinsic self-esteem contrasts to contingent self-esteem, which refers to a focus on thinking positively and boosting your self-worth in comparison with others. Attempts to pursue or maintain contingent self-esteem frequently incur negative consequences and are likely to be unrelated to self-compassion (Crocker et al., 1987; Loyalka et al., 2018; Walker & Bright, 2009). This chapter has reviewed empirical research which suggests that intrinsic forms of self-esteem and self-compassion are significantly correlated and there is likely overlap between these constructs (Souza & Hutz, 2016; Neff & Vonk, 2009; Eller et al., 2014), yet there are also important differences. These differences are reflected by findings that self-compassion is a stronger predictor of psychological outcomes than self-esteem including a more stable predictor of self-worth (Neff & Vonk, 2009), authenticity (Zhang et al., 2019), and BPD symptoms (Pohl et al., 2021). A much smaller body of research found the reverse, that self-esteem was a stronger predictor of mental health outcomes than self-compassion, specifically the effect of involvement of child welfare services on poor mental health later in life (Thoma et al., 2021).

In addition, self-compassion can buffer or mitigate some of the harmful consequences of high self-esteem, such as reducing social anxiety (Holas et al., 2021) and improving academic performance when self-esteem is threatened (DeLury & Poulin, 2018). Extending our knowledge on these relationships further, self-compassion-based interventions also appear to be more effective in promoting psychological well-being (Moffitt et al., 2018; Seekis et al., 2017), reducing bulimia symptoms (Barbeau et al., 2021), weakening harmful contingent self-esteem (Albertson et al., 2015), and increasing disclosure to supportive others of self-esteem threatening events (Dupasquier et al., 2020). Further longitudinal research suggests that feelings of unworthiness often lead to poor mental health, unless accompanied by high levels of self-compassion (Donald et al., 2018; Krieger et al., 2015), while in other studies, self-esteem is a predictor of self-compassion but not vice versa (Marshall et al., 2015).

Drawing together this body of research on the relationship between self-compassion and self-esteem, especially intrinsic self-esteem, it appears this relationship is best understood as bidirectional and connected within an interactive network (Ciarrochi et al., 2021). This means that while distinct, feeling worthy and practicing compassion are closely linked psychological constructs, and improvements in one are likely to lead to improvements in other, and vice versa. Future research could expand our knowledge of these constructs through applying the network approach and using this to guide treatment selection for those who would benefit from cultivating their self-compassion response style and sense of self-worth.

References

- Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2015). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, 6(3), 444–454. <https://doi.org/10.1007/s12671-014-0277-3>
- Alfasi, Y. (2019). The grass is always greener on my Friends' profiles: The effect of Facebook social comparison on state self-esteem and depression. *Personality and Individual Differences*, 147, 111–117.
- Ammerman, R. T., Kazdin, A. E., & Van Hasselt, V. B. (1993). Correlates of loneliness in nonreferred and psychiatrically hospitalized children. *Journal of Child and Family Studies*, 2(3), 187–202. <https://doi.org/10.1007/BF01321330>
- Arimitsu, K. (2014). Development and validation of the Japanese version of the self-compassion scale. *Japanese Journal of Psychology*.
- Azizi, A., Mohammadkhani, P., Lotfi, S., & Bahramkhani, M. (2013). The validity and reliability of the Iranian version of the Self-Compassion Scale. *Practice in Clinical Psychology*, 1(3), 149–155.
- Barbeau, K., Guertin, C., Boileau, K., & Pelletier, L. (2021). The effects of self-compassion and self-esteem writing interventions on women's valuation of weight management goals, body appreciation, and eating behaviors. *Psychology of Women Quarterly*, 46(1), 82–98. <https://doi.org/10.1177/03616843211013465>
- Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (pp. 115–160). Academic. <https://doi.org/10.1016/B978-0-12-590241-0.50008-3>
- Brighi, A., Melotti, G., Guarini, A., Genta, M. L., Ortega, R., Mora-Merchán, J., et al. (2012). Self-esteem and loneliness in relation to cyberbullying in three European countries. *Cyberbullying in the Global Playground: Research from International Perspectives*, 32–56. <https://doi.org/10.1002/9781119954484.ch3>
- Brown, J. D., & Marshall, M. A. (2006). The three faces of self-esteem. In M. H. Kernis (Ed.), *Self-esteem: Issues and answers* (pp. 4–9). Psychology Press.
- Carters, M. A., & Byrne, D. G. (2013). The role of stress and area-specific self-esteem in adolescent smoking. *Australian Journal of Psychology*, 65(3), 180–187. <https://doi.org/10.1111/ajpy.12019>
- Ciarrochi, J., Hayes, S. C., Hayes, L., Sahdra, B., Ferrari, M., Yap, K., & Hofmann, S. G. (2021). From package to process: An evidence-based approach to processes of change in psychotherapy. *Comprehensive Clinical Psychology*, 1, 26–44. <https://doi.org/10.1016/B978-0-12-818697-8.00085-6>
- Coopersmith, S. (1967). *The antecedents of self-esteem*. Freeman.
- Crocker, J., Thompson, L. L., McGraw, K. M., & Ingerman, C. (1987). Downward comparison, prejudice, and evaluations of others: effects of self-esteem and threat. *Journal of Personality and Social Psychology*, 52(5), 907.
- Crocker, J., & Park, L. E. (2004a). The costly pursuit of self-esteem. *Psychological Bulletin*, 130(3), 392. <https://doi.org/10.1037/0033-2909.130.3.392>
- Crocker, J., & Park, L. E. (2004b). Reaping the benefits of pursuing self-esteem without the costs? Reply to DuBois and Flay (2004), Sheldon (2004), and Pyszczynski and Cox (2004). *Psychological Bulletin*, 130(3), 430–434. <https://doi.org/10.1037/0033-2909.130.3.430>

- Crocker, J., Luhtanen, R. K., Cooper, M. L., & Bouvrette, A. (2003). Contingencies of self-worth in college students: Theory and measurement. *Journal of Personality and Social Psychology*, *85*(5), 894–908. <https://doi.org/10.1037/0022-3514.85.5.894>
- Dalgas-Pelish, P. (2006). Effects of a self-esteem intervention program on school-age children. *Pediatric Nursing*, *32*(4), 341–348.
- Deci, E. L., & Ryan, R. M. (1995). Human Autonomy. In M. H. Kernis (Ed.), *Efficacy, agency, and self-esteem. The Springer series in social clinical psychology*. Springer. https://doi.org/10.1007/978-1-4899-1280-0_3
- DeLury, S. S., & Poulin, M. J. (2018). Self-compassion and verbal performance: Evidence for threat-buffering and implicit self-related thoughts. *Self and Identity*, *17*(6), 710–722. <https://doi.org/10.1080/15298868.2018.1477829>
- Donald, J. N., Ciarrochi, J., Parker, P. D., Sahdra, B. K., Marshall, S. L., & Guo, J. (2018). A worthy self is a caring self: Examining the developmental relations between self-esteem and self-compassion in adolescents. *Journal of Personality*, *86*(4), 619–630. <https://doi.org/10.1111/jopy.12340>
- Donnelly, J., Young, M., Pearson, R., Penhollow, T. M., & Hernandez, A. (2008). Area specific self-esteem, values, and adolescent substance use. *Journal of Drug Education*, *38*(4), 389–403. <https://doi.org/10.2190/DE.38.4.f>
- Dupasquier, J. R., Kelly, A. C., Moscovitch, D. A., & Vidovic, V. (2020). Cultivating self-compassion promotes disclosure of experiences that threaten self-esteem. *Cognitive Therapy and Research*, *44*(1), 108–119. <https://doi.org/10.1007/s10608-019-10050-x>
- Eller, L. S., Rivero-Mendez, M., Voss, J., Chen, W. T., Chaiphibalsarisdi, P., Ipinge, S., et al. (2014). Depressive symptoms, self-esteem, HIV symptom management self-efficacy and self-compassion in people living with HIV. *AIDS Care*, *26*(7), 795–803. <https://doi.org/10.1080/09540121.2013.841842>
- Epstein, S. (2006). Conscious and unconscious self-esteem from the perspective of cognitive-experiential self-theory. In M. H. Kernis (Ed.), *Self-esteem: Issues and answers* (pp. 69–76). Psychology Press.
- Eromo, T. L., & Levy, D. A. (2017). The rise, fall, and resurgence of “self-esteem”: A critique, reconceptualization, and recommendations. *North American Journal of Psychology*, *19*(2), 255–302.
- Fitch, G. (1970). Effects of self-esteem, perceived performance, and choice on causal attributions. *Journal of Personality and Social Psychology*, *16*(2), 311.
- Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, *10*(8), 1455–1473. <https://doi.org/10.1007/s12671-019-01134-6>
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, *15*(3), 199–208. <https://doi.org/10.1192/apt.bp.107.005264>
- Gilbert, P. (2010). An introduction to compassion focused therapy in cognitive behavior therapy. *International Journal of Cognitive Therapy*, *3*(2), 97–112. <https://doi.org/10.1521/ijct.2010.3.2.97>
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, *53*(1), 6–41. <https://doi.org/10.1111/bjc.12043>
- Gilbert, P. (2015). The evolution and social dynamics of compassion. *Social and Personality Psychology Compass*, *9*(6), 239–254. <https://doi.org/10.1111/spc3.12176>
- Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice*, *84*(3), 239–255. <https://doi.org/10.1348/147608310X526511>
- Harter, S. (1993). Causes and consequences of low self-esteem in children and adolescents. In *Self-esteem* (pp. 87–116). Springer.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. Guilford Press.
- Holas, P., Kowalczyk, M., Krejtz, I., Wisiecka, K., & Jankowski, T. (2021). The relationship between self-esteem and self-compassion in socially anxious. *Current Psychology*, 1–6. <https://doi.org/10.1007/s12144-021-02305-2>
- James, W. (1890). *Principles of psychology*. Encyclopedia Britannica.
- Kernis, M. H. (2002). *Self-esteem as a multifaceted construct*. State University of New York Press.
- Kernis, M. H. (2003). Toward a conceptualization of optimal self-esteem. *Psychological Inquiry*, *14*(1), 1–26. https://doi.org/10.1207/S15327965PLI1401_01
- Kernis, M. H. (2005). Measuring self-esteem in context: The importance of stability of self-esteem in psychological functioning. *Journal of Personality*, *73*(6), 1569–1605. <https://doi.org/10.1111/j.1467-6494.2005.00359.x>
- Kernis, M. H., & Goldman, B. M. (2006). A multicomponent conceptualization of authenticity: Theory and research. *Advances in Experimental Social Psychology*, *38*, 283–357. [https://doi.org/10.1016/S0065-2601\(06\)38006-9](https://doi.org/10.1016/S0065-2601(06)38006-9)
- Kernis, M. H., Cornell, D. P., Sun, C.-R., Berry, A., & Harlow, T. (1993). There’s more to self-esteem than whether it is high or low: The importance of stability of self-esteem. *Journal of Personality and Social Psychology*, *65*(6), 1190–1204. <https://doi.org/10.1037/0022-3514.65.6.1190>
- Kirby, J. N., Tellegen, C. L., & Steindl, S. R. (2017). A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behavior Therapy*, *48*(6), 778–792. <https://doi.org/10.1016/j.beth.2017.06.003>
- Koivula, N., Hassmén, P., & Fallby, J. (2002). Self-esteem and perfectionism in elite athletes: Effects on competitive anxiety and self-confidence. *Personality and Individual Differences*, *32*(5), 865–875.

- Krieger, T., Hermann, H., Zimmermann, J., & Grosse Holtforth, M. (2015). Associations of self-compassion and global self-esteem with positive and negative affect and stress reactivity in daily life: Findings from a smart phone study. *Personality and Individual Differences, 87*, 288–292. <https://doi.org/10.1016/j.paid.2015.08.009>
- Lai, H.-R., Lu, C.-M., Jwo, J.-C., Lee, P.-H., Chou, W.-L., & Wen, W.-Y. (2009). The effects of a self-esteem program incorporated into health and physical education classes. *Journal of Nursing Research, 17*(4), 233–240. <https://doi.org/10.1097/JNR.0b013e3181c003c9>
- Leary, M. R. (1999). The social and psychological importance of self-esteem. In R. M. Kowalski & M. R. Leary (Eds.), *The social psychology of emotional and behavioral problems: Interfaces of social and clinical psychology* (pp. 197–221). American Psychological Association.
- Leary, M. R., & Tangney, J. P. (2003). Individual differences in self-esteem: A review and theoretical integration (2ed.). Guilford Publications.
- Leary, M. R., & MacDonald, G. (2003). Individual differences in self-esteem: A review and theoretical integration. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 401–418). The Guilford Press.
- Levy, D. A. (2019). The “self-esteem” enigma: A critical analysis. *North American Journal of Psychology, 21*(2), 305–338.
- Loyalka, P., Zakharov, A., & Kuzmina, Y. (2018). Catching the big fish in the little pond effect: Evidence from 33 countries and regions. *Comparative Education Review, 62*(4), 542–564. <https://doi.org/10.1086/699672>
- Lyubomirsky, S., Tkach, C., & DiMatteo, M. R. (2006). What are the differences between happiness and self-esteem. *Social Indicators Research, 78*(3), 363–404. <https://doi.org/10.1007/s11205-005-0213-y>
- 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. <https://doi.org/10.1016/j.cpr.2012.06.003>
- Macdonald, G. (1994). Self-esteem and the promotion of mental health. In D. Trent & C. Reed (Eds.), *Promotion of mental health* (pp. 19–20). Avebury.
- Marsh, I. C., Chan, S. W., & MacBeth, A. (2018). Self-compassion and psychological distress in adolescents – A meta-analysis. *Mindfulness, 9*(4), 1011–1027. <https://doi.org/10.1007/s12671-017-0850-7>
- Marshall, S. L., Parker, P. D., Ciarrochi, J., Sahdra, B., Jackson, C. J., & Heaven, P. C. (2015). Self-compassion protects against the negative effects of low self-esteem: A longitudinal study in a large adolescent sample. *Personality and Individual Differences, 74*, 116–121. <https://doi.org/10.1016/j.paid.2014.09.013>
- Moffitt, R. L., Neumann, D. L., & Williamson, S. P. (2018). Comparing the efficacy of a brief self-esteem and self-compassion intervention for state body dissatisfaction and self-improvement motivation. *Body Image, 27*, 67–76. <https://doi.org/10.1016/j.bodyim.2018.08.008>
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250. <https://doi.org/10.1080/15298860309027>
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. <https://doi.org/10.1080/15298860390129863>
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*(1), 23–50. <https://doi.org/10.1111/j.1467-6494.2008.00537.x>
- Neff, K. D., Tóth-Király, I., Knox, M. C., Kuchar, A., & Davidson, O. (2021). The development and validation of the state self-compassion scale (long-and short form). *Mindfulness, 12*(1), 121–140.
- Pohl, S., Steuwe, C., Mainz, V., Driessen, M., & Beblo, T. (2021). Borderline personality disorder and childhood trauma: Exploring the buffering role of self-compassion and self-esteem. *Journal of Clinical Psychology, 77*(3), 837–845. <https://doi.org/10.1002/jclp.23070>
- Pyszczynski, T., & Cox, C. (2004). Can we really do without self-esteem? Comment on Crocker and Park (2004). *Psychological Bulletin, 130*(3), 425–429. <https://doi.org/10.1037/0033-2909.130.3.425>
- Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., & Schimel, J. (2004). Why do people need self-esteem? A theoretical and empirical review. *Psychological Bulletin, 130*(3), 435. <https://doi.org/10.1037/0033-2909.130.3.435>
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical Psychology & Psychotherapy, 18*(3), 250–255. <https://doi.org/10.1002/cpp.702>
- Rohmann, E., Hanke, S., & Bierhoff, H.-W. (2019). Grandiose and vulnerable narcissism in relation to life satisfaction, self-esteem, and self-construal. *Journal of Individual Differences, 40*(4), 194.
- Rosenberg, M. (1965a). *Society and the adolescent self-image*. Princeton University Press.
- Rosenberg, M. (1965b). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package, 61*(52), 18.
- Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. *American Sociological Review, 60*(1), 141–156. <https://doi.org/10.2307/2096350>
- Rousseau, J.-J., & May, G. (2002). *The social contract and the first and second discourses*. Yale University Press.
- Ryan, R. M., & Brown, K. W. (2003). Why we don't need self-esteem: On fundamental needs, contingent love, and mindfulness. *Psychological Inquiry, 14*(1), 71–76.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68. <https://doi.org/10.1037/0003-066X.55.1.68>

- Schütz, A., & Tice, D. M. (1997). Associative and competitive indirect self-enhancement in close relationships moderated by trait self-esteem. *European Journal of Social Psychology*, 27(3), 257–273.
- Sedikides, C., & Alicke, M. D. (2012). Self-enhancement and self-protection motives. In R. M. Ryan & R. M. Ryan (Eds.), *The Oxford handbook of human motivation* (pp. 303–322). Oxford University Press.
- Seekis, V., Bradley, G. L., & Duffy, A. (2017). The effectiveness of self-compassion and self-esteem writing tasks in reducing body image concerns. *Body Image*, 23, 206–213. <https://doi.org/10.1016/j.bodyim.2017.09.003>
- Sirois, F. M., Kitner, R., & Hirsch, J. K. (2015). Self-compassion, affect, and health-promoting behaviors. *Health Psychology*, 34(6), 661. <https://doi.org/10.1037/hea0000158>
- Souza, L. K. d., & Hutz, C. S. (2016). Self-compassion in relation to self-esteem, self-efficacy and demographical aspects. *Paidéia*, 26(64), 181–188. <https://doi.org/10.1590/1982-43272664201604>
- Souza, L. K., & d., & Hutz, C. S. (2016). Self-compassion in relation to self-esteem, self-efficacy and demographical aspects. *Paidéia*, 26(64), 181–188. <https://doi.org/10.1590/1982-43272664201604>
- Stephenson, E., Watson, P. J., Chen, Z. J., & Morris, R. J. (2018). Self-compassion, self-esteem, and irrational beliefs. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 37(4), 809–815. <https://doi.org/10.1007/s12144-017-9563-2>
- Tanenbaum, M., Adams, R., Gonzalez, J., Hanes, S., & Hood, K. (2018). Adapting and validating a measure of diabetes-specific self-compassion. *Journal of Diabetes and its Complications*, 32(2), 196–202.
- Thijs, J., & Verkuyten, M. (2017). Promoting positive self-esteem in ethnic minority students: The role of school and classroom context. In N. J. Cabrera & B. Leyendecker (Eds.), *Handbook on positive development of minority children and youth* (pp. 325–342). Springer Science + Business Media. https://doi.org/10.1007/978-3-319-43645-6_20
- Thoma, M. V., Bernays, F., Eising, C. M., Maercker, A., & Rohner, S. L. (2021). Child maltreatment, lifetime trauma, and mental health in Swiss older survivors of enforced child welfare practices: Investigating the mediating role of self-esteem and self-compassion. *Child Abuse & Neglect*, 113, 104925. <https://doi.org/10.1016/j.chiabu.2020.104925>
- Thomason, S., & Moghaddam, N. (2021). Compassion-focused therapies for self-esteem: A systematic review and meta-analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 94(3), 737–759. <https://doi.org/10.1111/papt.12319>
- Toor, S. U. R., & Ofori, G. (2009). Authenticity and its influence on psychological well-being and contingent self-esteem of leaders in Singapore construction sector. *Construction Management and Economics*, 27(3), 299–313. <https://doi.org/10.1080/01446190902729721>
- Walker, J. S., & Bright, J. A. (2009). False inflated self-esteem and violence: A systematic review and cognitive model. *The Journal of Forensic Psychiatry & Psychology*, 20(1), 1–32. <https://doi.org/10.1080/14789940701656808>
- Zeigler-Hill, V. (2011). The connections between self-esteem and psychopathology. *Journal of Contemporary Psychotherapy*, 41(3), 157–164. <https://doi.org/10.1007/s10879-010-9167-8>
- 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. <https://doi.org/10.1111/aphw.12051>
- Zhang, J. W., Chen, S., Tomova, T. K., Bilgin, B., Chai, W. J., Ramis, T., et al. (2019). A compassionate self is a true self? Self-compassion promotes subjective authenticity. *Personality and Social Psychology Bulletin*, 45(9), 1323–1337. <https://doi.org/10.1177/0146167218820914>
- Ziller, R. C., Hagey, J., Smith, M. D., & Long, B. (1969). Self-esteem: A self-social construct. *Journal of Consulting and Clinical Psychology*, 33(1), 84–95. <https://doi.org/10.1037/h0027374>